

Health Expenses

Description	Amount
Health Insurance	\$
Vitamins	\$
Prescriptions	\$
	\$
	\$

Total: \$ _____

Additional Miscellaneous Expenses

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total: \$ _____

Total Spent for the Month: \$ _____

Did I Achieve My Goal ? Yes No