

*Review*

O.M.B. No. 41-572032; Approval Expires December 31, 1974

FORM CE-105  
(4-3-73)

U.S. DEPARTMENT OF COMMERCE  
SOCIAL AND ECONOMIC STATISTICS ADMINISTRATION  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF LABOR  
BUREAU OF LABOR STATISTICS



## RECORD OF YOUR DAILY EXPENSES

**NOTICE** - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

<b>For the Period</b>		
	Day	Date
FROM		
THROUGH		

Area Office						Sample week		73	
~ 91 017		OFFICE USE ONLY				PROCESSING USE ONLY			
1. Control number		2. HH No.	3. CU No.	4. Diary	5. Starting day	6. Extra units	7.	8. P.C.	
PSU	Sample	Serial	CK Dig.		1				
					2				

## INSTRUCTIONS

▶ **GENERAL INFORMATION**

This form is for recording ALL your expenses for a 7-day period. Beginning on page 4 there are two facing pages for each day. Record each day's expenses on the appropriate pages. Enter the day in the heading as shown below:

<b>FIRST DAY</b>	ENTER DAY	<i>Tuesday</i>
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▶ **WHAT TO REPORT**

Record ALL purchases and other expenses of the persons shown in the box below during the period indicated on the cover.

Include purchases and expenses of – <input type="checkbox"/> ALL members of this household <input type="checkbox"/> All of the following persons →  _____ _____
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**Include** – Every purchase or expense, no matter how small or inexpensive it is.  
 The FULL cost of gasoline, clothing, and other items purchased by cash or on credit during the period.  
 Costs for all snacks, beverages, and meals purchased at restaurants, carry-outs, etc.  
 Expenses for such things as entertainment, public transportation, babysitters, and contributions.  
 ALL bills PAID during the period for recurring expenses such as rent, mortgage, and insurance.

**Do not include** – The expenses of persons while they were away from home overnight.  
 Credit or installment plan PAYMENTS, such as store revolving charge accounts, payments to finance companies, Diners Club, BankAmericard, Master Charge, etc.  
 Business or farm operating expenses.  
 Sales tax in the cost of the item.

▶ **HOW TO REPORT**

For some food items, certain information in the description of the item is needed in order to select the appropriate item to price in the stores. These items and the information needed are listed on the opposite page. → Please refer to the list when recording any of these items.

Also shown on the opposite page are a few examples of recorded expenses. It will be helpful to look at these examples before recording your expenses. If a food or beverage item is not fresh, frozen, or canned, mark the "Other" box.

▶ **WHERE TO RECORD EXPENSES**

Enter all purchases and other expenses in the correct category on the page for the appropriate day. Record gifts purchased in the "Gift" section. Two pages are provided for each day's expenses.

If there is not enough space to record all expenses of a particular day on the lines provided, enter the additional items on pages 18 and 19. BE SURE to specify the day on which the expenses occurred in the column headed "Day."

If you do not know where to enter a food item, enter it in the "All Other Foods" category.

If you cannot determine where to enter any other item, enter it in the "Other Purchases and Expenses" category.

▶ **BEST TIME TO RECORD**

Most people find that keeping the diary is easiest if they RECORD THEIR PURCHASES AS SOON AS THEY GET HOME FROM THE STORE.

For recurring expenses such as rent, mortgage payments, utility bills, and other bills such as for doctor, hospital, or dental services, record the amount of the expense on the day the bill is paid.

Each day the diary keeper should check with other household members for their expenditures during that day. Also check the Daily Reminder List on the back cover for any expenses you may have forgotten to record.

▶ **ANY QUESTIONS?**

I will be back on \_\_\_\_\_ to pick up your completed diary. If you have any questions in the meantime, please call me.

Interviewer's name	Telephone – Area code and number
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► Please provide the following information when recording purchases of these items:

**FOOD AND BEVERAGES**

- Milk – Specify if whole, skim, half and half, chocolate, condensed, etc.
- Cheese – Specify if solid cheese, cheese spread, or cheese dip.
- Bread – Specify if white, whole-wheat, rye, pumpernickel, etc.
- Beef – Specify the cut and describe, such as round steak, sirloin steak, ground beef, prime ribs, etc.
- Pork – Specify the cut and describe, such as loin roast, fresh whole ham, spareribs, bacon, etc.
- Chicken – Specify if fryer, broiler, parts (sold separately) or other chicken.
- Soft Drinks – Specify if cola or other type. If not cola, specify if carbonated or noncarbonated.
- Coffee – Specify if instant or ground: if ground, indicate if in bags or cans.
- Tea – Specify if instant, tea bags, or loose.
- Sugar – Specify if white, brown, granulated, confectioners', or powdered.
- Cereal – Specify type (corn flakes) or brand name.
- Flour – Specify if white, all purpose, cake, whole-wheat or other flour.

**DETERGENTS** – Specify if for laundry, household cleaning, or dishwasher and if liquid or powder.

**DOCTOR BILLS** – Specify type of doctor visited, such as general practitioner, internist, etc.

**DENTIST BILLS** – Specify the type of work, such as extractions, teeth straightening, etc.

**TOYS** – Specify, such as games, electric train set, doll, etc.

► **EXAMPLES OF SOME FOOD ITEMS**

FOOD AND BEVERAGES									
OFFICE USE ONLY	Item <small>(Describe the item purchased, such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</small>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <small>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</small>	Is this item – <small>(Mark only one)</small>				Total cost <small>(Exclude sales tax)</small>	
				Fresh	Frozen	Canned	Other	Dollars	Cents
~ 51 011	Dairy and Bakery Products <small>(Indicate if milk is delivered)</small>								
A	Milk - Skim	1	1/2 gal.	1 X	2	3	4	\$	59
B	Cottage cheese	1	2 lbs.	X	2	3	4		65
C	Eggs	1 doz.		X	2	3	4		65
	Meat, Fish, and Poultry <small>(Indicate the cut of meat)</small>								
L	Beef pot roast	1	2.63 lb.	1 X	2	3	4	\$	4 44
M	Chicken parts	1	1.38 lb.	1	2 X	3	4		87
N	Pork chops	1	.56 lb.	1 X	2	3	4	1	19
	Fruits and Vegetables <small>(Indicate if dried)</small>								
A	Spinach	2	10 oz.	1	2 X	3	4	\$	58
B	Strawberries	1	1 pint	1 X	2	3	4		29

**MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.**

OFFICE USE ONLY	Item <small>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</small>	Was this purchased at a – <small>(Mark one)</small>					Total cost <small>(Include tips)</small>	
		Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 31 047								
A	Lunch	1 X	2	3	4	5	\$	1. 37
B	Coffee	1	2	3	4 X	5		15
C	2 school lunches	1	2 X	3	4	5		90

► **EXAMPLES OF SOME OTHER DAILY ENTRIES**

ALL OTHER PURCHASES AND EXPENSES							
OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>		OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>	
		Dollars	Cents			Dollars	Cents
~ 21 055	Cleaning, Laundry Supplies, and Paper Products			~ 21 089	Housewares, Furnishings, Hardware, and Garden Supplies <small>(mirrors, light bulbs, nails, etc.)</small>		
A	Wax paper	\$	29	A	Wastebasket	\$	98
B	Liquid laundry detergent		49	B	Light bulbs		89
~ 21 063	Personal Care, Drugs, and Medical Supplies <small>(Indicate if prescribed by a doctor)</small>			~ 21 097	Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses		
A	Aspirin	\$	89	A	Gasoline	\$	4 95
B	Allergy shot		15 00	B	Bus		45

FIRST DAY	ENTER DAY
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**Note:** If you need additional space for any category, use pages 18 and 19.

FOOD AND BEVERAGES

OFFICE USE ONLY	Item <small>(Describe the item purchased, such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</small>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <small>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</small>	Is this item - <small>(Mark only one)</small>				Total cost <small>(Exclude sales tax)</small>	
				Fresh	Frozen	Canned	Other	Dollars	Cents
~ 51 011	Dairy and Bakery Products <small>(Indicate if milk is delivered)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	Meat, Fish, and Poultry <small>(Indicate the cut of meat)</small>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
S				1	2	3	4		
T				1	2	3	4		
U				1	2	3	4		
~ 51 029	Fruits and Vegetables <small>(Indicate if dried)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	Beverages								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
~ 51 037	All Other Foods								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
L				1	2	3	4		
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		

**FIRST DAY**

None  
 PC

**MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.**

OFFICE USE ONLY	Item <small>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</small>	Was this purchased at a - <small>(Mark one)</small>					Total cost <small>(Include tips)</small>	
		Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 31 047								
A		1	2	3	4	5	\$	
B		1	2	3	4	5		
C		1	2	3	4	5		
D		1	2	3	4	5		

**ALL OTHER PURCHASES AND EXPENSES**

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>		OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>	
		Dollars	Cents			Dollars	Cents
~ 21 055	Cleaning, Laundry Supplies, and Paper Products			~ 21 089	Housewares, Furnishings, Hardware, and Garden Supplies <small>(mirrors, light bulbs, nails, etc.)</small>		
A		\$		A		\$	
B				B			
C				C			
D				D			
E				E			
F				F			
G				G			
	Newspapers, Books, Postage, Stationery, and School Supplies				Tobacco and Smoking Supplies		
H		\$		H		\$	
J				J			
K				K			
~ 21 063	Personal Care, Drugs, and Medical Supplies <small>(Indicate if prescribed by a doctor)</small>			~ 21 097	Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses		
A		\$		A		\$	
B				B			
C				C			
D				~ 31 104	Clothing, Shoes, Jewelry, and Linens <small>(such as dress shirts, work shirts, casual slacks, etc.)</small>		
E				D		\$	
F				E			
G				F			
H				G			
J							
	Laundry and Diaper Service, Beauty and Barber Shop, Household Help, Babysitters				Rent, Utilities, Fuel, Phone, Insurance <small>(Specify period covered by expense, such as week, month, year)</small>		
K		\$		H		\$	
L				J			
M				K			
N				L			
P				~ 21 113	Other Purchases and Expenses <small>(toys, hobbies, contributions, etc.)</small>		
Q				M		\$	
R				N			
	Movies, Plays, Other Entertainment, Club and Other Membership Dues			P			
S		\$		Q			
T				R			
U				S			

**GIFTS**

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Was this purchased for a member of this household? <small>(Mark one)</small>		Total cost <small>(Exclude sales tax)</small>	
		Yes	No	Dollars	Cents
~ 31 070					
A		1	2	\$	
B		1	2		
C		1	2		
D		1	2		



SECOND DAY				ENTER DAY					
▶ Note: If you need additional space for any category, use pages 18 and 19.									
FOOD AND BEVERAGES									
OFFICE USE ONLY	Item <small>(Describe the item purchased, such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</small>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <small>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</small>	Is this item - <small>(Mark only one)</small>				Total cost <small>(Exclude sales tax)</small>	
				Fresh	Frozen	Canned	Other	Dollars	Cents
~ 52 019	<b>Dairy and Bakery Products</b> <small>(Indicate if milk is delivered)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Meat, Fish, and Poultry</b> <small>(Indicate the cut of meat)</small>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
S				1	2	3	4		
T				1	2	3	4		
U				1	2	3	4		
~ 52 027	<b>Fruits and Vegetables</b> <small>(Indicate if dried)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Beverages</b>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
~ 52 035	<b>All Other Foods</b>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
L				1	2	3	4		
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		

## SECOND DAY

None  
 PC

### MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.

OFFICE USE ONLY	Item <small>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</small>	Was this purchased at a - <small>(Mark one)</small>					Total cost <small>(Include tips)</small>	
		Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 32 045								
A		1	2	3	4	5	\$	
B		1	2	3	4	5		
C		1	2	3	4	5		
D		1	2	3	4	5		

### ALL OTHER PURCHASES AND EXPENSES

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>	OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>
		Dollars   Cents			Dollars   Cents
~ 22 053	Cleaning, Laundry Supplies, and Paper Products		~ 22 087	Housewares, Furnishings, Hardware, and Garden Supplies (mirrors, light bulbs, nails, etc.)	
A		\$	A		\$
B			B		
C			C		
D			D		
E			E		
F			F		
G			G		
	Newspapers, Books, Postage, Stationery, and School Supplies			Tobacco and Smoking Supplies	
H		\$	H		\$
J			J		
K			K		
~ 22 061	Personal Care, Drugs, and Medical Supplies <small>(Indicate if prescribed by a doctor)</small>		~ 22 095	Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses	
A		\$	A		\$
B			B		
C			C		
D			~ 32 102	Clothing, Shoes, Jewelry, and Linens (such as dress shirts, work shirts, casual slacks, etc.)	
E			D		\$
F			E		
G			F		
H			G		
J					
	Laundry and Diaper Service, Beauty and Barber Shop, Household Help, Babysitters			Rent, Utilities, Fuel, Phone, Insurance <small>(Specify period covered by expense, such as week, month, year)</small>	
K		\$	H		\$
L			J		
M			K		
N			L		
P			~ 22 111	Other Purchases and Expenses (toys, hobbies, contributions, etc.)	
Q					
R			M		\$
	Movies, Plays, Other Entertainment, Club and Other Membership Dues		N		
S		\$	P		
T			Q		
U			R		
			S		

### GIFTS

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Was this purchased for a member of this household? <small>(Mark one)</small>		Total cost <small>(Exclude sales tax)</small>	
		Yes	No	Dollars	Cents
~ 32 078					
A		1	2	\$	
B		1	2		
C		1	2		
D		1	2		



THIRD DAY	ENTER 'DAY
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▶ Note: If you need additional space for any category, use pages 18 and 19.

**FOOD AND BEVERAGES**

OFFICE USE ONLY	Item <small>(Describe the item purchased, such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</small>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <small>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</small>	Is this item - <small>(Mark only one)</small>				Total cost <small>(Exclude sales tax)</small>	
				Fresh	Frozen	Canned	Other	Dollars	Cents
~ 53 017	<b>Dairy and Bakery Products</b> <small>(Indicate if milk is delivered)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Meat, Fish, and Poultry</b> <small>(Indicate the cut of meat)</small>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
S				1	2	3	4		
T				1	2	3	4		
U				1	2	3	4		
~ 53 025	<b>Fruits and Vegetables</b> <small>(Indicate if dried)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Beverages</b>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
~ 53 033	<b>All Other Foods</b>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
L				1	2	3	4		
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		



**THIRD DAY**

None  
 PC

**MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.**

OFFICE USE ONLY	Item <small>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</small>	Was this purchased at a - <small>(Mark one)</small>					Total cost <small>(Include tips)</small>	
		Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 33 043								
A		1	2	3	4	5	\$	
B		1	2	3	4	5		
C		1	2	3	4	5		
D		1	2	3	4	5		

**ALL OTHER PURCHASES AND EXPENSES**

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>		OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>	
		Dollars	Cents			Dollars	Cents
~ 23 051	Cleaning, Laundry Supplies, and Paper Products			~ 23 085	Housewares, Furnishings, Hardware, and Garden Supplies <small>(mirrors, light bulbs, nails, etc.)</small>		
A		\$		A		\$	
B				B			
C				C			
D				D			
E				E			
F				F			
G				G			
	Newspapers, Books, Postage, Stationery, and School Supplies				Tobacco and Smoking Supplies		
H		\$		H		\$	
J				J			
K				K			
~ 23 069	Personal Care, Drugs, and Medical Supplies <small>(Indicate if prescribed by a doctor)</small>			~ 23 093	Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses		
A		\$		A		\$	
B				B			
C				C			
D					~ 33 100	Clothing, Shoes, Jewelry, and Linens <small>(such as dress shirts, work shirts, casual slacks, etc.)</small>	
E				D		\$	
F				E			
G				F			
H				G			
J							
	Laundry and Diaper Service, Beauty and Barber Shop, Household Help, Babysitters				Rent, Utilities, Fuel, Phone, Insurance <small>(Specify period covered by expense, such as week, month, year)</small>		
K		\$		H		\$	
L				J			
M				K			
N				L			
P					~ 23 119	Other Purchases and Expenses <small>(toys, hobbies, contributions, etc.)</small>	
Q				M		\$	
R				N			
	Movies, Plays, Other Entertainment, Club and Other Membership Dues			P			
S		\$		Q			
T				R			
U				S			

**GIFTS**

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Was this purchased for a member of this household? <small>(Mark one)</small>		Total cost <small>(Exclude sales tax)</small>	
		Yes	No	Dollars	Cents
~ 33 076					
A		1	2	\$	
B		1	2		
C		1	2		
D		1	2		



FOURTH DAY	ENTER DAY
------------	--------------

**Note:** If you need additional space for any category, use pages 18 and 19.

FOOD AND BEVERAGES

OFFICE USE ONLY	Item <small>(Describe the item purchased, such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</small>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <small>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</small>	Is this item - <small>(Mark only one)</small>				Total cost <small>(Exclude sales tax)</small>	
				Fresh	Frozen	Canned	Other	Dollars	Cents
~ 54 015	<b>Dairy and Bakery Products</b> <small>(Indicate if milk is delivered)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Meat, Fish, and Poultry</b> <small>(Indicate the cut of meat)</small>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
S				1	2	3	4		
T				1	2	3	4		
U				1	2	3	4		
~ 54 023	<b>Fruits and Vegetables</b> <small>(Indicate if dried)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Beverages</b>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
~ 54 031	<b>All Other Foods</b>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
L				1	2	3	4		
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		

**FOURTH DAY**

None  
 PC

**MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.**

OFFICE USE ONLY	Item <i>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</i>	Was this purchased at a -- <i>(Mark one)</i>					Total cost <i>(Include tips)</i>	
		Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 34 041								
A		1	2	3	4	5	\$	
B		1	2	3	4	5		
C		1	2	3	4	5		
D		1	2	3	4	5		

**ALL OTHER PURCHASES AND EXPENSES**

OFFICE USE ONLY	Item <i>(Describe the item purchased)</i>	Total cost <i>(Exclude sales tax)</i>		OFFICE USE ONLY	Item <i>(Describe the item purchased)</i>	Total cost <i>(Exclude sales tax)</i>	
		Dollars	Cents			Dollars	Cents
~ 24 059	Cleaning, Laundry Supplies, and Paper Products			~ 24 083	Housewares, Furnishings, Hardware, and Garden Supplies (mirrors, light bulbs, nails, etc.)		
A		\$		A		\$	
B				B			
C				C			
D				D			
E				E			
F				F			
G				G			
H	Newspapers, Books, Postage, Stationery, and School Supplies	\$		H	Tobacco and Smoking Supplies	\$	
J				J			
K				K			
~ 24 067	Personal Care, Drugs, and Medical Supplies <i>(Indicate if prescribed by a doctor)</i>			~ 24 091	Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses		
A		\$		A		\$	
B				B			
C				C			
D				~ 34 108	Clothing, Shoes, Jewelry, and Linens (such as dress shirts, work shirts, casual slacks, etc.)		
E				D		\$	
F				E			
G				F			
H				G			
J							
K	Laundry and Diaper Service, Beauty and Barber Shop, Household Help, Babysitters	\$		H	Rent, Utilities, Fuel, Phone, Insurance <i>(Specify period covered by expense, such as week, month, year)</i>	\$	
L				J			
M				K			
N				L			
P				~ 24 117	Other Purchases and Expenses (toys, hobbies, contributions, etc.)		
Q				M		\$	
R				N			
S	Movies, Plays, Other Entertainment, Club and Other Membership Dues	\$		P			
T				Q			
U				R			

**GIFTS**

OFFICE USE ONLY	Item <i>(Describe the item purchased)</i>	Was this purchased for a member of this household? <i>(Mark one)</i>		Total cost <i>(Exclude sales tax)</i>	
		Yes	No	Dollars	Cents
~ 34 074					
A		1	2	\$	
B		1	2		
C		1	2		
D		1	2		



FIFTH DAY	ENTER DAY <span style="border: 1px solid black; padding: 2px;">112</span>
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**Note:** If you need additional space for any category, use pages 18 and 19.

FOOD AND BEVERAGES

OFFICE USE ONLY	Item <small>(Describe the item purchased, such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</small>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <small>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</small>	Is this item - <small>(Mark only one)</small>				Total cost <small>(Exclude sales tax)</small>	
				Fresh	Frozen	Canned	Other	Dollars	Cents
~ 55 012	<b>Dairy and Bakery Products</b> <small>(Indicate if milk is delivered)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Meat, Fish, and Poultry</b> <small>(Indicate the cut of meat)</small>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
S				1	2	3	4		
T				1	2	3	4		
U				1	2	3	4		
~ 55 020	<b>Fruits and Vegetables</b> <small>(Indicate if dried)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Beverages</b>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
~ 55 038	<b>All Other Foods</b>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
L				1	2	3	4		
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		

<b>FIFTH DAY</b>							<input type="checkbox"/> None <input type="checkbox"/> PC	
<b>MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.</b>								
OFFICE USE ONLY	Item <small>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</small>	Was this purchased at a - <small>(Mark one)</small>					Total cost <small>(Include tips)</small>	
		Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 35 048								
A		1	2	3	4	5	\$	
B		1	2	3	4	5		
C		1	2	3	4	5		
D		1	2	3	4	5		
<b>ALL OTHER PURCHASES AND EXPENSES</b>								
OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>		OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>		
		Dollars	Cents			Dollars	Cents	
~ 25 056	Cleaning, Laundry Supplies, and Paper Products			~ 25 080	Housewares, Furnishings, Hardware, and Garden Supplies <small>(mirrors, light bulbs, nails, etc.)</small>			
A		\$		A		\$		
B				B				
C				C				
D				D				
E				E				
F				F				
G				G				
	Newspapers, Books, Postage, Stationery, and School Supplies				Tobacco and Smoking Supplies			
H		\$		H		\$		
J				J				
K				K				
~ 25 064	Personal Care, Drugs, and Medical Supplies <small>(Indicate if prescribed by a doctor)</small>			~ 25 098	Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses			
A		\$		A		\$		
B				B				
C				C				
D				~ 35 105	Clothing, Shoes, Jewelry, and Linens <small>(such as dress shirts, work shirts, casual slacks, etc.)</small>			
E				D		\$		
F				E				
G				F				
H				G				
J				H		\$		
	Laundry and Diaper Service, Beauty and Barber Shop, Household Help, Babysitters				Rent, Utilities, Fuel, Phone, Insurance <small>(Specify period covered by expense, such as week, month, year)</small>			
K		\$		J		\$		
L				K				
M				L				
N				~ 25 114	Other Purchases and Expenses <small>(toys, hobbies, contributions, etc.)</small>			
P				M		\$		
Q				N				
R				P				
	Movies, Plays, Other Entertainment, Club and Other Membership Dues			Q				
S		\$		R				
T				S				
U								

<b>GIFTS</b>						
OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Was this purchased for a member of this household? <small>(Mark one)</small>		Total cost <small>(Exclude sales tax)</small>		
		Yes	No	Dollars	Cents	
~ 35 071						
A		1	2	\$		
B		1	2			
C		1	2			
D		1	2			

# SIXTH DAY

ENTER DAY

Note: If you need additional space for any category, use pages 18 and 19.

## FOOD AND BEVERAGES

OFFICE USE ONLY	Item <i>(Describe the item purchased, such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</i>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <i>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</i>	Is this item - <i>(Mark only one)</i>				Total cost <i>(Exclude sales tax)</i>	
				Fresh	Frozen	Canned	Other	Dollars	Cents
~ 56 010	<b>Dairy and Bakery Products</b> <i>(Indicate if milk is delivered)</i>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Meat, Fish, and Poultry</b> <i>(Indicate the cut of meat)</i>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
S				1	2	3	4		
T				1	2	3	4		
U				1	2	3	4		
~ 56 028	<b>Fruits and Vegetables</b> <i>(Indicate if dried)</i>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	<b>Beverages</b>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
~ 56 036	<b>All Other Foods</b>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
L				1	2	3	4		
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		

## SIXTH DAY

None  
 PC

### MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.

OFFICE USE ONLY	Item <small>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</small>	Was this purchased at a - <small>(Mark one)</small>					Total cost <small>(Include tips)</small>	
		Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 36 046								
A		1	2	3	4	5	\$	
B		1	2	3	4	5		
C		1	2	3	4	5		
D		1	2	3	4	5		

### ALL OTHER PURCHASES AND EXPENSES

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>		OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>	
		Dollars	Cents			Dollars	Cents
~ 26 054	Cleaning, Laundry Supplies, and Paper Products			~ 26 088	Housewares, Furnishings, Hardware, and Garden Supplies (mirrors, light bulbs, nails, etc.)		
A		\$		A		\$	
B				B			
C				C			
D				D			
E				E			
F				F			
G				G			
	Newspapers, Books, Postage, Stationery, and School Supplies				Tobacco and Smoking Supplies		
H		\$		H		\$	
J				J			
K				K			
~ 26 062	Personal Care, Drugs, and Medical Supplies <small>(Indicate if prescribed by a doctor)</small>			~ 26 096	Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses		
A		\$		A		\$	
B				B			
C				C			
D				~ 36 103	Clothing, Shoes, Jewelry, and Linens (such as dress shirts, work shirts, casual slacks, etc.)		
E				D		\$	
F				E			
G				F			
H				G			
	Laundry and Diaper Service, Beauty and Barber Shop, Household Help, Babysitters				Rent, Utilities, Fuel, Phone, Insurance <small>(Specify period covered by expense, such as week, month, year)</small>		
K		\$		H		\$	
L				J			
M				K			
N				L			
P				~ 26 112	Other Purchases and Expenses (toys, hobbies, contributions, etc.)		
Q				M		\$	
R				N			
	Movies, Plays, Other Entertainment, Club and Other Membership Dues			P			
S		\$		Q			
T				R			
U				S			

### GIFTS

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Was this purchased for a member of this household? <small>(Mark one)</small>		Total cost <small>(Exclude sales tax)</small>	
		Yes	No	Dollars	Cents
~ 36 079					
A		1	2	\$	
B		1	2		
C		1	2		
D		1	2		



SEVENTH DAY	ENTER DAY
-------------	--------------

▶ Note: If you need additional space for any category, use pages 18 and 19.

**FOOD AND BEVERAGES**

OFFICE USE ONLY	Item <small>(Describe the item purchased, such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</small>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <small>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</small>	Is this item - <small>(Mark only one)</small>				Total cost <small>(Exclude sales tax)</small>	
				Fresh	Frozen	Canned	Other	Dollars	Cents
~ 57 018	Dairy and Bakery Products <small>(Indicate if milk is delivered)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	Meat, Fish, and Poultry <small>(Indicate the cut of meat)</small>								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
S				1	2	3	4		
T				1	2	3	4		
U				1	2	3	4		
~ 57 026	Fruits and Vegetables <small>(Indicate if dried)</small>								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
	Beverages								
L				1	2	3	4	\$	
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		
R				1	2	3	4		
~ 57 034	All Other Foods								
A				1	2	3	4	\$	
B				1	2	3	4		
C				1	2	3	4		
D				1	2	3	4		
E				1	2	3	4		
F				1	2	3	4		
G				1	2	3	4		
H				1	2	3	4		
J				1	2	3	4		
K				1	2	3	4		
L				1	2	3	4		
M				1	2	3	4		
N				1	2	3	4		
P				1	2	3	4		
Q				1	2	3	4		



## SEVENTH DAY

None  
 PC

### MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.

OFFICE USE ONLY	Item <small>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</small>	Was this purchased at a -- <small>(Mark one)</small>					Total cost <small>(Include tips)</small>	
		Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 37 044								
A		1	2	3	4	5	\$	
B		1	2	3	4	5		
C		1	2	3	4	5		
D		1	2	3	4	5		

### ALL OTHER PURCHASES AND EXPENSES

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>		OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Total cost <small>(Exclude sales tax)</small>	
		Dollars	Cents			Dollars	Cents
~ 27 052	Cleaning, Laundry Supplies, and Paper Products			~ 27 086	Housewares, Furnishings, Hardware, and Garden Supplies <small>(mirrors, light bulbs, nails, etc.)</small>		
A		\$		A		\$	
B				B			
C				C			
D				D			
E				E			
F				F			
G				G			
	Newspapers, Books, Postage, Stationery, and School Supplies				Tobacco and Smoking Supplies		
H		\$		H		\$	
J				J			
K				K			
~ 27 060	Personal Care, Drugs, and Medical Supplies <small>(Indicate if prescribed by a doctor)</small>			~ 27 094	Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses		
A		\$		A		\$	
B				B			
C				C			
D					~ 37 101		
E					Clothing, Shoes, Jewelry, and Linens <small>(such as dress shirts, work shirts, casual slacks, etc.)</small>		
F				D		\$	
G				E			
H				F			
J				G			
	Laundry and Diaper Service, Beauty and Barber Shop, Household Help, Babysitters				Rent, Utilities, Fuel, Phone, Insurance <small>(Specify period covered by expense, such as week, month, year)</small>		
K		\$		H		\$	
L				J			
M				K			
N				L			
P					~ 27 110		
Q					Other Purchases and Expenses <small>(toys, hobbies, contributions, etc.)</small>		
R				M		\$	
	Movies, Plays, Other Entertainment, Club and Other Membership Dues			N			
S		\$		P			
T				Q			
U				R			

### GIFTS

OFFICE USE ONLY	Item <small>(Describe the item purchased)</small>	Was this purchased for a member of this household? <small>(Mark one)</small>		Total cost <small>(Exclude sales tax)</small>	
		Yes	No	Dollars	Cents
~ 37 077					
A		1	2	\$	
B		1	2		
C		1	2		
D		1	2		



# ADDITIONAL PAGE

Use these pages for any purchases or expenses for which you did not have enough space to enter on the appropriate day page. Enter the day (Mon., Tue., etc.) in the column headed "Day."

## FOOD AND BEVERAGES

OFFICE USE ONLY	Day	Item <i>(Describe the item purchased such as whole milk, T-bone steak, dried apricots, all purpose flour, saltines, etc.)</i>	Number of cans, bottles, packages, etc.	Net weight or volume per unit <i>(Examples: 8 oz., 1 qt., 5 lbs., etc.)</i>	Is this item - <i>(Mark only one)</i>				Total cost <i>(Exclude sales tax)</i>	
					Fresh	Frozen	Canned	Other	Dollars	Cents
~ 68 015		<b>Dairy and Bakery Products</b>								
A					1	2	3	4	\$	
B					1	2	3	4		
C					1	2	3	4		
D					1	2	3	4		
E					1	2	3	4		
F					1	2	3	4		
G					1	2	3	4		
H					1	2	3	4		
J					1	2	3	4		
K					1	2	3	4		
		<b>Meat, Fish, and Poultry</b>								
L					1	2	3	4	\$	
M					1	2	3	4		
N					1	2	3	4		
P					1	2	3	4		
Q					1	2	3	4		
R					1	2	3	4		
S					1	2	3	4		
T					1	2	3	4		
U					1	2	3	4		
~ 68 023		<b>Fruits and Vegetables</b>								
A					1	2	3	4	\$	
B					1	2	3	4		
C					1	2	3	4		
D					1	2	3	4		
E					1	2	3	4		
F					1	2	3	4		
G					1	2	3	4		
H					1	2	3	4		
J					1	2	3	4		
K					1	2	3	4		
		<b>Beverages</b>								
L					1	2	3	4	\$	
M					1	2	3	4		
N					1	2	3	4		
P					1	2	3	4		
Q					1	2	3	4		
R					1	2	3	4		
~ 68 031		<b>All Other Foods</b>								
A					1	2	3	4	\$	
B					1	2	3	4		
C					1	2	3	4		
D					1	2	3	4		
E					1	2	3	4		
F					1	2	3	4		
G					1	2	3	4		
H					1	2	3	4		
J					1	2	3	4		
K					1	2	3	4		
L					1	2	3	4		
M					1	2	3	4		
N					1	2	3	4		
P					1	2	3	4		
Q					1	2	3	4		

## ADDITIONAL PAGE

### MEALS AND SNACKS PURCHASED AT A RESTAURANT, CARRY-OUT, ETC.

OFFICE USE ONLY	Day	Item <i>(Include breakfasts, dinners, school lunches, snacks, and drinks purchased at a restaurant, bar, vending machine, etc.)</i>	Was this purchased at - <i>(Mark one)</i>					Total cost <i>(Include tips)</i>	
			Restau- rant	Cafe- teria	Drive-in or carry-out	Vending machine	Other	Dollars	Cents
~ 48 041									
A			1	2	3	4	5	\$	
B			1	2	3	4	5		
C			1	2	3	4	5		
D			1	2	3	4	5		

### ALL OTHER PURCHASES AND EXPENSES

OFFICE USE ONLY	Day	Item <i>(Describe the item purchased)</i>	Total cost <i>(Exclude sales tax)</i>		OFFICE USE ONLY	Day	Item <i>(Describe the item purchased)</i>	Total cost <i>(Exclude sales tax)</i>	
			Dollars	Cents				Dollars	Cents
~ 38 059		Cleaning, Laundry Supplies, and Paper Products			~ 38 083		Housewares, Furnishings, Hardware, and Garden Supplies (mirrors, light bulbs, nails, etc.)		
A			\$		A			\$	
B					B				
C					C				
D					D				
E					E				
F					F				
G					G				
		Newspapers, Books, Postage, Stationery, and School Supplies					Tobacco and Smoking Supplies		
H			\$		H			\$	
J					J				
K					K				
~ 38 067		Personal Care, Drugs, and Medical Supplies			~ 38 091		Gas, Oil, Tolls, Parking Fees, and Other Vehicle Expenses; Public Transportation Expenses		
A			\$		A			\$	
B					B				
C					C				
D					~ 48 108		Clothing, Shoes, Jewelry, and Linens (such as dress shirts, work shirts, casual slacks, etc.)		
E					D			\$	
F					E				
G					F				
H					G				
J							Rent, Utilities, Fuel, Phone, Insurance (Specify period covered by expense such as week, month, year)		
K		Laundry and Diaper Service, Beauty and Barber Shop, Household Help, Babysitters	\$		H			\$	
L					J				
M					K				
N					~ 38 117		Other Purchases and Expenses (toys, hobbies, contributions, etc.)		
P					M			\$	
Q					N				
R					P				
		Movies, Plays, Other Entertainment, Club and Other Membership Dues			Q				
S			\$		R				
T					S				
U									

### GIFTS

OFFICE USE ONLY	Day	Item <i>(Describe the item purchased)</i>	Was this purchased for a member of this household? <i>(Mark one)</i>		Total cost <i>(Exclude sales tax)</i>	
			Yes	No	Dollars	Cents
~ 48 074						
A			1	2	\$	
B			1	2		
C			1	2		
D			1	2		



## DAILY REMINDER LIST

- ▶ Please review the list of expenses below with other members of your household at the end of each day. If you have forgotten to record any expense, please do so on the appropriate page.

### EXPENSES FOR:

- a. Food and beverages purchased at a restaurant or carry-out (including school lunches and vending machine purchases)
- b. Snack foods (potato chips, pretzels, etc.)
- c. Beer, wine, whiskey, and other alcoholic beverages
- d. Cigarettes, tobacco, or other smoking supplies
- e. Lumber, nails, sandpaper, paint brushes, etc.
- f. Gasoline, turnpike or bridge tolls, parking fees, car pool expenses, etc.
- g. Newspapers, postage stamps, greeting cards, etc.
- h. Vitamins, medicine, and other medical or sanitary supplies
- i. Laundry and dry cleaning (including coin-operated machines used at a laundromat)
- j. Hair cuts and sets (including purchase and care of wigs and hair pieces)
- k. Toys, hobbies, games, etc.
- l. Bank charges for checking accounts, safe-deposit boxes, etc.