

# FAMILY UTILITY MANAGEMENT

Budget Period: \_\_\_\_\_

Last Updated: \_\_\_\_\_

UTILITY PROVIDER	DUE DATE	BUDGETED (\$)	ACTUAL (\$)	STATUS
Electricity				<input type="checkbox"/> Paid
Water & Sewer				<input type="checkbox"/> Paid
Natural Gas/Heating				<input type="checkbox"/> Paid
Waste Management				<input type="checkbox"/> Paid
Internet/Fiber				<input type="checkbox"/> Paid
Mobile Phones				<input type="checkbox"/> Paid
Streaming Services				<input type="checkbox"/> Paid
Other: _____				<input type="checkbox"/> Paid

**Monthly Total: \$** \_\_\_\_\_

NOTES & OBSERVATIONS: