

MONTHLY BILL PAYMENT CALENDAR

MONTH: _____ 20__

DUE DATE	BILL DESCRIPTION / VENDOR	AMOUNT DUE	PAID [“X”]
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DUE DATE	BILL DESCRIPTION / VENDOR	AMOUNT DUE	PAID [“X”]
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TOTAL MONTHLY INCOME \$

TOTAL BILLS DUE \$

REMAINING BALANCE \$

NOTES & GOALS