

# BILL PAYMENT SCHEDULE

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Total Budgeted: \$ \_\_\_\_\_

№	BILL / SERVICE NAME	DUE DATE	AUTO-PAY?	AMOUNT DUE
	Rent / Mortgage	1st	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	Electricity		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	Water / Sewer		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	Internet / Cable		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	Insurance (Car/Home)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	Mobile Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	Credit Card 1		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	Subscriptions		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
				\$ _____
				\$ _____

Âœ“	BILL / SERVICE NAME	DUE DATE	AUTO-PAY?	AMOUNT DUE
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\$

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**TOTAL PAID:**

\$

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NOTES / GOALS: