

Monthly Bill Payment Checklist for

Month/Year

Paid	Bill	Amount	Date Due
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____
<input type="checkbox"/>	_____	\$ _____	_____