

GIFT-GIVING BUDGET SHEET

Name: _____

Date: _____

OVERALL SPEND LIMIT

Monthly Income : \$ _____

Gift Money : \$ _____

_____ : \$ _____

_____ : \$ _____

Total Income : \$ _____

SHOPPING LIST

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Name: _____ Gift: _____ \$ _____

Total Cash Envelopes: \$ _____ \$ _____