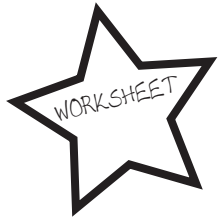


# LESSON 3: HOMEWORK TASK



## MY WEEKLY SPENDING DIARY

NAME: \_\_\_\_\_

CLASS/YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Do you ever wonder where all your money goes?  
 Keeping a Spending Diary will help you answer this question.  
 For one week keep a Spending Diary.  
 Write down everything you spend your money on.

Day One

Date: \_\_\_\_\_

ITEM DESCRIPTION	AMOUNT €	CATEGORY (tick)
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
<b>DAILY TOTAL:</b>		

Question of the Day:  
 How much money do I have left for the rest of the week?

€

Day Two

Date:

ITEM DESCRIPTION	AMOUNT €	CATEGORY (tick)
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
<b>DAILY TOTAL:</b>		

Question of the Day:  
Did I save any money today?

Day Three

Date:

ITEM DESCRIPTION	AMOUNT €	CATEGORY (tick)
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
<b>DAILY TOTAL:</b>		

Question of the Day:  
Did I plan what I was going to spend today?

# Day Four

Date:

ITEM DESCRIPTION	AMOUNT €	CATEGORY (tick)
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
<b>DAILY TOTAL:</b>		

Question of the Day:

Did I buy anything I could have done without today?

# Day Five

Date:

ITEM DESCRIPTION	AMOUNT €	CATEGORY (tick)
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
<b>DAILY TOTAL:</b>		

Question of the Day:

Did I shop around for anything I spent money on today?

Day Six

Date:

ITEM DESCRIPTION	AMOUNT €	CATEGORY (tick)
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
<b>DAILY TOTAL:</b>		

Question of the Day:  
Did I treat myself to anything today?

Day Seven

Date:

ITEM DESCRIPTION	AMOUNT €	CATEGORY (tick)
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
		<input type="checkbox"/> Food & Drink <input type="checkbox"/> Clothes <input type="checkbox"/> Entertainment <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Sports & Hobbies <input type="checkbox"/> Travel/Transport <input type="checkbox"/> Toiletries/Grooming <input type="checkbox"/> Other (specify) .....
<b>DAILY TOTAL:</b>		

Question of the Day:  
What is the most expensive thing I spent money on today?