



THE CORPORATION OF GUARDIANSHIP

REPRESENTATIVE PAYEE BUDGET FORM

EXPENSES INFORMATION

Please list *ROUTINE* bills and expenses below, including personal funds. Please indicate if personal funds are to be sent once per month or twice per month.

Creditor/Vendor & Account Number	Contact Information	Expected Bill
<i>EXAMPLE:</i> Duke Energy Acct. # 123-456-789	<i>EXAMPLE:</i> 345 Any Street Any Town, NC 12345 (555) 555-5555	<i>EXAMPLE:</i> \$55.00/Month

INCOME INFORMATION

Client must inform the Corporation of Guardianship of wages from any employment. If currently employed, please list below.

Employer Name:

Employer Address: