



Acting as a collecting agent for  
U.S. Department of Labor  
Bureau of Labor Statistics

# Your Daily Expenses

Help us learn about the buying habits of people in the United States



When you write down how you spend your money in this diary, you will help us understand more about the products and services that are bought by the people in the United States.

By law (title 13, U.S. Code), we must keep your information confidential; we use it for statistical purposes only.  
If you have comments regarding this survey, please send them to the Division of Consumer Expenditure Surveys,  
2 Massachusetts Avenue N.E., Room 3985, Washington, DC 20212.

Please record your expenses and purchases for the following period		
	Day	Date
1		
2		
3		
4		
5		
6		
7		

**I will return on:** \_\_\_\_\_

**If you have any questions, please call:**

Field representative's name:	Telephone:
Field representative supervisor's name:	Telephone:

# Examples

(continued on other side)

## 1. Food and Drinks Away from Home

- **Fast Food, Take-out, Delivery, Concession** (you pay BEFORE you eat/drink)
- **Full Service Places** (you pay AFTER you eat/drink)
- **Vending Machines or Mobile Vendors** (include vending machines, carts, & trucks that move from place to place)
- **Employer and School Cafeterias**  
Includes elementary school pre-payments

## 2. Food and Drinks for Home Consumption

- **Grain Products** (cake mixes, cereal, cornmeal, flour, pasta, rice, spaghetti, etc.)
- **Bakery Products** (cakes, cookies, frozen waffles, pies, white bread, other bread, etc.)
- **Beef** (briskets, ground beef, round & other roasts, sirloin, etc.)
- **Pork** (bacon, ham, pork chops, sausage, etc.)
- **Poultry** (chicken parts, duck, whole turkey, etc.)
- **Other meats** (bologna, frankfurters, lamb, liverwurst, organ meats, salami, etc.)
- **Fish & Seafood** (fish, shellfish, etc.)
- **Oils, Fats & Dressings** (salad dressing, shortening, vinegar, etc.)
- **Eggs & Dairy Products** (butter, cream, cheese, ice cream, skim milk, powdered milk, etc.)
- **Fruits & Fruit Juices** (apples, bananas, cranberry juice, oranges, orange juice, etc.)
- **Sugar, Sugar Substitutes & Sweets** (artificial sweeteners, candy, gum, jams, jellies, etc.)
- **Vegetables & Vegetable juices** (beans, corn, lettuce, potatoes, tomatoes, tomato juice, etc.)
- **Other Food Items** (baby food, pet food, frozen foods, gourmet/specialty items, sauces, seasonings, soups, etc.)
- **Non-Alcoholic Beverages** (carbonated & non-carbonated waters, cola & other carbonated beverages, fruit-flavored beverages, instant & ground coffee, tea, etc.)
- **Alcoholic Beverages** (beer, champagne, liqueurs, whiskey, wine, etc.)
- **Food & Beverages Purchases as Gifts for someone not on your list** (candy, cheese, fruit baskets, wine, etc.)

## 3. Clothing, Shoes, Jewelry, and Accessories

- **Casual, Sportswear, Formal** (dress, pants, shirt, shorts, suit, sweater, etc.)
- **Undergarments & Sleep Clothes** (hosiery, lingerie, pajamas, socks, etc.)
- **Outdoor, Work, School, Costumes** (coat, jacket, thermals, uniform, windbreaker, etc.)
- **Shoes** (boots, dress, sandals, slippers, sneakers, etc.)
- **Sports-team Clothes & Sports Shoes** (cleats, golf shoes, ski boots, team uniform, etc.)
- **Jewelry, Accessories, & Sewing Items** (belt, buttons, hairpiece, hat, ring, thread, umbrella, etc.)

(continued on other side)

# Examples

(continued on other side)

## 4. All Other Products, Services, and Expenses

- **Clothing Services** (alterations, dry cleaning, shoe repairs, storage, tailoring, etc.)
- **Medicines, Medical Supplies & Services** (bandages, canes & other medical equipment, doctor & dentist services, prescription eyeglasses, health insurance, prescription drugs, ointments, vitamins, wheelchairs, etc.)
- **Tobacco & Smoking Supplies** (cigarettes, cigars, pipes, smoking accessories, tobacco, etc.)
- **Gasoline, Oil, & Additives** (brake fluid, coolants, gasoline, motor oil, etc.)
- **Personal Care Products & Services** (cosmetics, dental products, deodorants, hair care products, hand soap, men's & women's haircuts, perfume, shaving products, skin care products, etc.)
- **Housekeeping Supplies & Services** (bathroom tissue, brooms, laundry & cleaning detergents, light bulbs, maid service, mops, paper towels, sponges, etc.)
- **Housewares & Small Household Appliances** (blenders, coffee makers, cooking utensils, dinnerware, glassware, irons, utensils, pots & pans, telephones, & toasters, etc.)
- **Home Furnishings, Decorative Items, Linens, & Major Appliances** (art work, clocks, curtains, lamps, picture frames, pillows, plants, refrigerators, rugs, sheets, sofas, stoves, table cloths, tables, towels, vases, etc.)
- **Home Maintenance, Hardware, Lawn Supplies & Services** (hand tools, improvement & repair equipment, lawn/garden equipment, nails, power tools, screws, supplies, services, etc.)
- **Housing Expenses** (cable service, electricity, garbage removal, heating/cooling, insurance, maintenance fees, mortgage payments, property taxes, rent, telephone, etc.)
- **Entertainment/Amusements & Sports/Recreation** (admissions to movies, clubs, sporting & cultural events, camping, CDs, concert tickets, hunting, sports & exercise equipment, tapes, toys, TVs, video/stereo equipment, video purchase/rental, etc.)
- **Transportation Expenses** (airline fares, buses, car rental, commuter fares, new & used cars, maintenance and repair, parking fees, taxis, tolls, train fares, etc.)
- **School Expenses** (daycare, high school & college tuition, room & board, school supplies, textbooks, etc.)
- **All Other Expenses** (alteration and repair of household furnishings, ATM service fees, babysitting, books, club dues, diaper services, donations, legal & accounting fees, magazines, newspapers, pet supplies & veterinary services, photographic supplies, postage, sewing goods, shipping & handling, stationery, etc.)

(continued on other side)



# Thank you for agreeing to fill out this diary.

We understand that this task takes time; however, your information is very important to us and will be used for many purposes that affect all Americans. Among the most important, it is used to help calculate the Consumer Price Index, or CPI, which is a basic measure of the rate of inflation.

## Here are some of the uses of the Consumer Price Index:

- ◆ Provide cost-of-living wage adjustments for millions of American workers
- ◆ Adjust Social Security payments
- ◆ Determine the cost of school lunches
- ◆ Adjust Federal income-tax brackets

For more information about the survey, visit: <http://www.bls.gov/cex> and <http://www.census.gov>



Office Use: Place the barcode label here



## Questions?

Some Frequently Asked Questions are answered on the flap attached to the back cover. If you still have questions after reviewing these, please call your field representative.



# General Instructions

- Fill out this diary for an entire week, writing down EVERYTHING you and the people on your list spend money on each day – the products you buy, the services you use, the household expenses you have during the week – no matter how large or small they are.
- We recommend that you record your expenses each day. Think about where you went and what you've done.
- Talk to the people on your list every day to find out how they spent their money.

- Include payments by:

<b>Cash</b>	<b>Credit/Debit Card</b>	<b>Automatic Withdrawal/Payroll Deduction</b>
<b>Check</b>	<b>Money Order</b>	<b>Store Charge Card</b>
<b>Food Stamps</b>	<b>WIC Voucher</b>	<b>Grocery Certificate</b>

- Keep receipts and other records so that you will remember to record what you bought or paid for. Use the pocket at the back of the diary to store them.

Some record types include:

<b>Receipts</b>	<b>Bank Statements</b>	<b>Catalog/Internet Order Invoices</b>
<b>Utility Bills</b>	<b>Telephone Bills</b>	<b>Credit Card Statements</b>
<b>Pay Stubs</b>		

Include items that you bought for people who are not on your list, such as gifts.

← Refer to the flap attached to the front cover for Examples of Expenses.

Refer to the flap attached to the back cover for answers to Frequently Asked Questions. →

## Do NOT record:

- ◆ Expenses of people on your list while they were away from home overnight.
- ◆ Business or farm operating expenses
- ◆ Sales tax for:
  - Part 2. Food and Drinks for Home Consumption
  - Part 3. Clothing, Shoes, Jewelry, and Accessories
  - Part 4. All Other Products, Services, and Expenses



# How to Fill Out Your Diary

**The diary is divided into 7 days and each day is divided into 4 parts. Enter each item in the appropriate part for each day.**

**These are the 4 parts within each day of the diary:**

## **1. Food and Drinks Away from Home**

- Mark one of the four choices that best describes the type of meal and describe briefly.
- Mark one of the four choices that best describes where you made the purchase.
- Enter the total cost ***with tax and tip***.
- If alcohol was part of the purchase, check whether it was wine, beer, and/or other alcohol and enter the total cost of the alcohol.

## **2. Food and Drinks for Home Consumption**

- Describe the item.
- Mark whether the item was fresh, frozen, bottled/canned, or other.
- Enter the cost ***without tax*** and deduct any discounts or coupons.
- Mark the last column if the item was purchased for someone not on your list (e.g. gifts).

## **3. Clothing, Shoes, Jewelry, and Accessories**

- Describe the item and enter the cost ***without tax***.
- Mark the appropriate sex and age range of the person for whom the item was bought.
- Mark the last column if the item was purchased for someone not on your list (e.g. gifts).

## **4. All Other Products, Services, and Expenses**

- Describe the item and enter the total cost ***without tax***.
- Mark the last column if the item was purchased for someone not on your list (e.g. gifts).

**There is an "Additional Pages" section on pages 36–44 in case you run out of lines on any particular day.**

**Look on the next 4 pages for examples and tips on how to record your purchases.**

**\*Please Note: If you are unsure about whether to include an item or where to record an item, write it down wherever it seems best or make a note and ask your field representative.**



# 1. Food and Drinks Away from Home

**Examples:** breakfast buffet, carry-out lunch, dinner & cocktails at restaurant, pizza delivery, Chinese takeout, child's school lunch, beer at happy hour, pretzels at ballgame, wine at tavern, croissant from café, ice cream from truck, wedding reception caterer, soda from vending machine, hot dog from convenience store, popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

	Mark (X) one that best describes the type of meal				Description (See examples above and on the flap)	Mark (X) one that best describes where you made this purchase				Include tax & tip for part 1 only.	Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol
	breakfast	lunch	dinner	snack/other		Fast Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria			wine	beer	other	
101	X				bagel, juice				X		2 79				
102		X			pizza	X					5 57				
103				X	coffee	X					1 35				
104		X			sandwich, soda				X		5 15				
105				X	chips			X			70				
106		X			elem.school lunch - month				X		45 00				
107				X	soda			X			65				
108			X		buffet		X				62 23	X			12 00
109			X		drinks from cash bar		X				15 00		X	X	15 00
110			X		caterer - Family Reunion		X				350 00	X	X	X	95 00
111															
112															
113															
114															
115															
116															
117															
118															
119															
120															
121															
122															

Level of detail needed: briefly describe the meal.

If alcohol was included in the purchase, mark whether it was wine, beer, and/or other and enter the total cost of the alcohol.

Use the pocket on the inside of the back cover to store your receipts until you're ready to record your purchases.

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.





SUN

MON

TUE

WED

THU

FRI

SAT

EXAMPLE

## 2. Food and Drinks for Home Consumption

### Examples:

eggs whole milk sugar cereal white bread cooking oil tea cola ground coffee beer liquor oranges apple juice tomato juice carbonated water ground beef bacon lettuce chicken parts whole chicken baby food fish shellfish pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions

Do not include tax for parts 2, 3, & 4.

	What did you buy or pay for? (see examples above and on the flap)	Is this item: Mark (X) one				Total Cost without tax	Mark (X) If purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201	wheat bread	1 X	2	3	4	1 49	
202	eggs	1 X	2	3	4	1 50	
203	chicken wings	1	2 X	3	4	6 78	
204	apples	1 X	2	3	4	2 80	
205	beer	1	2	3 X	4	4 29	
206	skim milk	1 X	2	3	4	2 99	
207	orange juice	1	2	3	4 X	3 99	
208	candy	1	2	3	4 X	2 50	
209	vegetable oil	1	2	3	4 X	2 99	
210	baby food (5 jars)	1	2	3 X	4	4 95	
211	potato chips	1	2	3	4 X	2 79	
212	frozen meals (3 boxes)	1	2 X	3	4	8 97	
213	ketchup	1	2	3 X	4	1 59	
214	soup (4 cans)	1	2	3 X	4	4 96	
215	soda (2 bottles)	1	2	3 X	4	1 98	
216	pork chops	1 X	2	3	4	6 36	
217	shrimp	1	2 X	3	4	11 20	
218	cookies	1	2	3	4 X	3 50	X
219	apple pie	1 X	2	3	4	4 99	X
220	carbonated water	1	2	3 X	4	89	
221	ground beef	1 X	2	3	4	5 87	
222	ground coffee	1	2	3	4 X	2 79	
223	bagels	1 X	2	3	4	5 25	
224	wine	1	2	3 X	4	42 00	
225	dog food	1	2	3	4 X	5 85	

### Level of detail needed:

BREAD – Specify if white, wheat, rye, etc.

BEEF – Specify the cut and describe, such as round roast, ground beef, etc.

PORK – Specify the cut and describe, such as whole ham, bacon, spareribs, etc.

CHICKEN – Specify if whole or parts, such as chicken legs, chicken wings, etc.

SOFT DRINKS – Specify if soda or other type: if not cola, specify if carbonated or non.

COFFEE – Specify if ground or instant.

OTHER FOOD – Give a complete description, such as scalloped potatoes.

List food & drinks from specialty food stores in this part (i.e. bakery, liquor store, farmers' market, convenience store, etc.)

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



### 3. Clothing, Shoes, Jewelry, and Accessories

**Examples:** shirt sweater shorts suit dress pants sandals sneakers shoe repairs soccer cleats team uniform ski boots gloves slippers dance costume watch necklace belt pajamas lingerie socks coat jacket windbreaker

Please unfold the LEFT FLAP to see Additional Examples

	What did you buy or pay for? (see examples above and on the flap)	Total Cost without tax		Was the item for:		Age			Mark (X) if purchased for someone not on your list		
				male	female	Under 2	2-15	16 & Over			
301	3 dress-shirts (\$25 each)	75	00	1	X	2	1	2	3	X	
302	1 dress-shirt	30	00	1	X	2	1	2	3	X	
303	running shoes	69	00	1	2	X	1	2	3	X	
304	non-prescription sunglasses	59	00	1	X	2	1	2	3	X	
305	baseball cap	14	99	1	2	X	1	2	3		
306	bib	3	50	1	2	X	1	X	2	3	X
307	<del>child's costume (returned for refund)</del>	<del>15</del>	<del>00</del>	<del>1</del>	<del>X</del>	<del>2</del>	<del>1</del>	<del>X</del>	<del>2</del>	<del>3</del>	<del>X</del>
308	wallet	29	00	1	X	2	1	2	3	X	
309	necklace	250	00	1	2	X	1	2	3	X	
310	scarf	3	00	1	2	X	1	2	X	3	
311	trouser socks	4	00	1	2	X	1	2	3	X	
312				1	2		1	2	3		
313				1	2		1	2	3		
314				1	2		1	2	3		
315				1	2		1	2	3		
316				1	2		1	2	3		
317				1	2		1	2	3		
318				1	2		1	2	3		
319				1	2		1	2	3		
320				1	2		1	2	3		
321				1	2		1	2	3		
322				1	2		1	2	3		
323				1	2		1	2	3		
324				1	2		1	2	3		
325				1	2		1	2	3		

**Level of detail needed:**  
**CLOTHING** – Specify type of clothing and give a description of the item.  
**SHOES** – If sports shoes, specify sport, such as football cleats, etc.  
**JEWELRY** – Specify type of jewelry, such as watches, etc.  
**ACCESSORIES** – If eyewear, specify prescription or non-prescription.

If you run out of space in any section, continue listing the items under that section on the Additional Pages in the back (p. 36-44)

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



SUN

MON

TUE

WED

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FRI

SAT

EXAMPLE

## 4. All Other Products, Services, and Expenses

### Examples:

cigarettes  
gasoline  
utility gas bill

prescription drugs  
cordless telephone  
dry clean (curtains)

movie tickets  
DVD rental  
bus fare

phone bill  
car insurance  
brake work

hand soap  
dish soap  
power tools

paper towels  
bath towel  
rent

textbooks  
cook book  
airline fares

computer cables  
cable TV bill  
color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions



	What did you buy or pay for? (see examples above and on the flap)	Total Cost without tax	Mark (X) if purchased for someone not on your list
401	cold medicine (non-prescription)	6 95	X
402	gasoline	12 86	
403	highway tolls	2 00	
404	Music CD	10 99	X
405	cigarettes	8 99	
406	dry cleaning	15 50	
407	lottery tickets	1 00	
408	bus fare	1 50	
409	piano lessons	150 00	
410	electric drill	65 00	
411	postage stamps	6 80	
412	video rental	4 00	
413	car speakers	140 00	
414	car oil change	48 50	
415	board game	8 97	
416	area rug (exchanged for a different area rug)	<del>39 99</del> 20 99	
417	concert tickets	100 00	X
418	<del>dog-leash</del> dog toy (exchange)	<del>6 99</del> 3 99	
419	ATM service fee	2 00	
420	Health insurance	250 00	
421	Mortgage payment	875 00	
422	Telephone bill	120 00	
423	veterinarian fees	85 00	
424	Shipping and Handling for internet purchase	6 95	
425	Donation	50 00	X



#### Level of detail needed:

DOCTOR BILLS – Specify type of doctor visited, such as an internist, orthodontist, etc.

MEDICINE – Specify if prescription or non-prescription.

TOOLS – Specify if power or hand tool.

DRY-CLEANING – Specify whether household item (such as drapes) or apparel.

EXAMPLE



Mark the last column of parts 2, 3, & 4 if a purchase was made for someone not on your list.

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 1

SUN

MON

TUE

WED

THU

FRI

SAT

# 1. Food and Drinks Away from Home

**Examples:**

breakfast buffet  
carry-out lunch  
dinner & cocktails at restaurant

pizza delivery  
Chinese takeout  
child's school lunch

beer at happy hour  
pretzels at ballgame  
wine at tavern

croissant from café  
ice cream from truck  
wedding reception caterer

soda from vending machine  
hot dog from convenience store  
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

	Mark (X) one that best describes the type of meal				Description <i>(see examples above and on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
101	1	2	3	4		1	2	3	4			1	2	3	
102	1	2	3	4		1	2	3	4			1	2	3	
103	1	2	3	4		1	2	3	4			1	2	3	
104	1	2	3	4		1	2	3	4			1	2	3	
105	1	2	3	4		1	2	3	4			1	2	3	
106	1	2	3	4		1	2	3	4			1	2	3	
107	1	2	3	4		1	2	3	4			1	2	3	
108	1	2	3	4		1	2	3	4			1	2	3	
109	1	2	3	4		1	2	3	4			1	2	3	
110	1	2	3	4		1	2	3	4			1	2	3	
111	1	2	3	4		1	2	3	4			1	2	3	
112	1	2	3	4		1	2	3	4			1	2	3	
113	1	2	3	4		1	2	3	4			1	2	3	
114	1	2	3	4		1	2	3	4			1	2	3	
115	1	2	3	4		1	2	3	4			1	2	3	
116	1	2	3	4		1	2	3	4			1	2	3	
117	1	2	3	4		1	2	3	4			1	2	3	
118	1	2	3	4		1	2	3	4			1	2	3	
119	1	2	3	4		1	2	3	4			1	2	3	
120	1	2	3	4		1	2	3	4			1	2	3	
121	1	2	3	4		1	2	3	4			1	2	3	
122	1	2	3	4		1	2	3	4			1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

FR USE:  None  TR  VC



## 2. Food and Drinks for Home Consumption

**Examples:** eggs cereal tea beer apple juice ground beef chicken parts fish  
 whole milk white bread cola liquor tomato juice bacon whole chicken shellfish  
 sugar cooking oil ground coffee oranges carbonated water lettuce baby food pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) If purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201		1	2	3	4		
202		1	2	3	4		
203		1	2	3	4		
204		1	2	3	4		
205		1	2	3	4		
206		1	2	3	4		
207		1	2	3	4		
208		1	2	3	4		
209		1	2	3	4		
210		1	2	3	4		
211		1	2	3	4		
212		1	2	3	4		
213		1	2	3	4		
214		1	2	3	4		
215		1	2	3	4		
216		1	2	3	4		
217		1	2	3	4		
218		1	2	3	4		
219		1	2	3	4		
220		1	2	3	4		
221		1	2	3	4		
222		1	2	3	4		
223		1	2	3	4		
224		1	2	3	4		
225		1	2	3	4		

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 1

SUN

MON

TUE

WED

THU

FRI

SAT

### 3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt	suit	sandals	soccer cleats	gloves	watch	pajamas	coat
sweater	dress	sneakers	team uniform	slippers	necklace	lingerie	jacket
shorts	pants	shoe repairs	ski boots	dance costume	belt	socks	windbreaker



Please unfold the LEFT FLAP to see Additional Examples

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Was the item for:		Age			Mark (X) if purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
301			1	2	1	2	3	
302			1	2	1	2	3	
303			1	2	1	2	3	
304			1	2	1	2	3	
305			1	2	1	2	3	
306			1	2	1	2	3	
307			1	2	1	2	3	
308			1	2	1	2	3	
309			1	2	1	2	3	
310			1	2	1	2	3	
311			1	2	1	2	3	
312			1	2	1	2	3	
313			1	2	1	2	3	
314			1	2	1	2	3	
315			1	2	1	2	3	
316			1	2	1	2	3	
317			1	2	1	2	3	
318			1	2	1	2	3	
319			1	2	1	2	3	
320			1	2	1	2	3	
321			1	2	1	2	3	
322			1	2	1	2	3	
323			1	2	1	2	3	
324			1	2	1	2	3	
325			1	2	1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



### 4. All Other Products, Services, and Expenses

**Examples:** cigarettes prescription drugs movie tickets phone bill hand soap paper towels textbooks computer cables  
 gasoline cordless telephone DVD rental car insurance dish soap bath towel cook book cable TV bill  
 utility gas bill dry clean (curtains) bus fare brake work power tools rent airline fares color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Mark (X) If purchased for someone not on your list
401			
402			
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If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 2

SUN

MON

TUE

WED

THU

FRI

SAT

# 1. Food and Drinks Away from Home

**Examples:**

breakfast buffet  
carry-out lunch  
dinner & cocktails at restaurant

pizza delivery  
Chinese takeout  
child's school lunch

beer at happy hour  
pretzels at ballgame  
wine at tavern

croissant from café  
ice cream from truck  
wedding reception caterer

soda from vending machine  
hot dog from convenience store  
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

	Mark (X) one that best describes the type of meal				Description <i>(see examples above and on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
101	1	2	3	4		1	2	3	4			1	2	3	
102	1	2	3	4		1	2	3	4			1	2	3	
103	1	2	3	4		1	2	3	4			1	2	3	
104	1	2	3	4		1	2	3	4			1	2	3	
105	1	2	3	4		1	2	3	4			1	2	3	
106	1	2	3	4		1	2	3	4			1	2	3	
107	1	2	3	4		1	2	3	4			1	2	3	
108	1	2	3	4		1	2	3	4			1	2	3	
109	1	2	3	4		1	2	3	4			1	2	3	
110	1	2	3	4		1	2	3	4			1	2	3	
111	1	2	3	4		1	2	3	4			1	2	3	
112	1	2	3	4		1	2	3	4			1	2	3	
113	1	2	3	4		1	2	3	4			1	2	3	
114	1	2	3	4		1	2	3	4			1	2	3	
115	1	2	3	4		1	2	3	4			1	2	3	
116	1	2	3	4		1	2	3	4			1	2	3	
117	1	2	3	4		1	2	3	4			1	2	3	
118	1	2	3	4		1	2	3	4			1	2	3	
119	1	2	3	4		1	2	3	4			1	2	3	
120	1	2	3	4		1	2	3	4			1	2	3	
121	1	2	3	4		1	2	3	4			1	2	3	
122	1	2	3	4		1	2	3	4			1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

FR USE:  None  TR  VC





## 2. Food and Drinks for Home Consumption

**Examples:** eggs, cereal, tea, beer, apple juice, ground beef, chicken parts, fish  
 whole milk, white bread, cola, liquor, tomato juice, bacon, whole chicken, shellfish  
 sugar, cooking oil, ground coffee, oranges, carbonated water, lettuce, baby food, pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) If purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201		1	2	3	4		
202		1	2	3	4		
203		1	2	3	4		
204		1	2	3	4		
205		1	2	3	4		
206		1	2	3	4		
207		1	2	3	4		
208		1	2	3	4		
209		1	2	3	4		
210		1	2	3	4		
211		1	2	3	4		
212		1	2	3	4		
213		1	2	3	4		
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215		1	2	3	4		
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219		1	2	3	4		
220		1	2	3	4		
221		1	2	3	4		
222		1	2	3	4		
223		1	2	3	4		
224		1	2	3	4		
225		1	2	3	4		

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 2

SUN

MON

TUE

WED

THU

FRI

SAT

### 3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt	suit	sandals	soccer cleats	gloves	watch	pajamas	coat
sweater	dress	sneakers	team uniform	slippers	necklace	lingerie	jacket
shorts	pants	shoe repairs	ski boots	dance costume	belt	socks	windbreaker

← Please unfold the LEFT FLAP to see Additional Examples

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Was the item for:		Age			Mark (X) if purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
301			1	2	1	2	3	
302			1	2	1	2	3	
303			1	2	1	2	3	
304			1	2	1	2	3	
305			1	2	1	2	3	
306			1	2	1	2	3	
307			1	2	1	2	3	
308			1	2	1	2	3	
309			1	2	1	2	3	
310			1	2	1	2	3	
311			1	2	1	2	3	
312			1	2	1	2	3	
313			1	2	1	2	3	
314			1	2	1	2	3	
315			1	2	1	2	3	
316			1	2	1	2	3	
317			1	2	1	2	3	
318			1	2	1	2	3	
319			1	2	1	2	3	
320			1	2	1	2	3	
321			1	2	1	2	3	
322			1	2	1	2	3	
323			1	2	1	2	3	
324			1	2	1	2	3	
325			1	2	1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



### 4. All Other Products, Services, and Expenses

**Examples:** cigarettes prescription drugs movie tickets phone bill hand soap paper towels textbooks computer cables  
 gasoline cordless telephone DVD rental car insurance dish soap bath towel cook book cable TV bill  
 utility gas bill dry clean (curtains) bus fare brake work power tools rent airline fares color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Mark (X) If purchased for someone not on your list
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If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 3

SUN

MON

TUE

WED

THU

FRI

SAT

# 1. Food and Drinks Away from Home

**Examples:**

breakfast buffet  
carry-out lunch  
dinner & cocktails at restaurant

pizza delivery  
Chinese takeout  
child's school lunch

beer at happy hour  
pretzels at ballgame  
wine at tavern

croissant from café  
ice cream from truck  
wedding reception caterer

soda from vending machine  
hot dog from convenience store  
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

	Mark (X) one that best describes the type of meal				Description <i>(see examples above and on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
101	1	2	3	4		1	2	3	4			1	2	3	
102	1	2	3	4		1	2	3	4			1	2	3	
103	1	2	3	4		1	2	3	4			1	2	3	
104	1	2	3	4		1	2	3	4			1	2	3	
105	1	2	3	4		1	2	3	4			1	2	3	
106	1	2	3	4		1	2	3	4			1	2	3	
107	1	2	3	4		1	2	3	4			1	2	3	
108	1	2	3	4		1	2	3	4			1	2	3	
109	1	2	3	4		1	2	3	4			1	2	3	
110	1	2	3	4		1	2	3	4			1	2	3	
111	1	2	3	4		1	2	3	4			1	2	3	
112	1	2	3	4		1	2	3	4			1	2	3	
113	1	2	3	4		1	2	3	4			1	2	3	
114	1	2	3	4		1	2	3	4			1	2	3	
115	1	2	3	4		1	2	3	4			1	2	3	
116	1	2	3	4		1	2	3	4			1	2	3	
117	1	2	3	4		1	2	3	4			1	2	3	
118	1	2	3	4		1	2	3	4			1	2	3	
119	1	2	3	4		1	2	3	4			1	2	3	
120	1	2	3	4		1	2	3	4			1	2	3	
121	1	2	3	4		1	2	3	4			1	2	3	
122	1	2	3	4		1	2	3	4			1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

FR USE:  None  TR  VC



## 2. Food and Drinks for Home Consumption

**Examples:** eggs, cereal, tea, beer, apple juice, ground beef, chicken parts, fish  
 whole milk, white bread, cola, liquor, tomato juice, bacon, whole chicken, shellfish  
 sugar, cooking oil, ground coffee, oranges, carbonated water, lettuce, baby food, pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) If purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201		1	2	3	4		
202		1	2	3	4		
203		1	2	3	4		
204		1	2	3	4		
205		1	2	3	4		
206		1	2	3	4		
207		1	2	3	4		
208		1	2	3	4		
209		1	2	3	4		
210		1	2	3	4		
211		1	2	3	4		
212		1	2	3	4		
213		1	2	3	4		
214		1	2	3	4		
215		1	2	3	4		
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218		1	2	3	4		
219		1	2	3	4		
220		1	2	3	4		
221		1	2	3	4		
222		1	2	3	4		
223		1	2	3	4		
224		1	2	3	4		
225		1	2	3	4		

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 3

SUN

MON

TUE

WED

THU

FRI

SAT

### 3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt	suit	sandals	soccer cleats	gloves	watch	pajamas	coat
sweater	dress	sneakers	team uniform	slippers	necklace	lingerie	jacket
shorts	pants	shoe repairs	ski boots	dance costume	belt	socks	windbreaker



Please unfold the LEFT FLAP to see Additional Examples

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Was the item for:		Age			Mark (X) If purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
301			1	2	1	2	3	
302			1	2	1	2	3	
303			1	2	1	2	3	
304			1	2	1	2	3	
305			1	2	1	2	3	
306			1	2	1	2	3	
307			1	2	1	2	3	
308			1	2	1	2	3	
309			1	2	1	2	3	
310			1	2	1	2	3	
311			1	2	1	2	3	
312			1	2	1	2	3	
313			1	2	1	2	3	
314			1	2	1	2	3	
315			1	2	1	2	3	
316			1	2	1	2	3	
317			1	2	1	2	3	
318			1	2	1	2	3	
319			1	2	1	2	3	
320			1	2	1	2	3	
321			1	2	1	2	3	
322			1	2	1	2	3	
323			1	2	1	2	3	
324			1	2	1	2	3	
325			1	2	1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



### 4. All Other Products, Services, and Expenses

**Examples:** cigarettes prescription drugs movie tickets phone bill hand soap paper towels textbooks computer cables  
 gasoline cordless telephone DVD rental car insurance dish soap bath towel cook book cable TV bill  
 utility gas bill dry clean (curtains) bus fare brake work power tools rent airline fares color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Mark (X) If purchased for someone not on your list
401			
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425			

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 4

SUN

MON

TUE

WED

THU

FRI

SAT

# 1. Food and Drinks Away from Home

**Examples:**

breakfast buffet  
carry-out lunch  
dinner & cocktails at restaurant

pizza delivery  
Chinese takeout  
child's school lunch

beer at happy hour  
pretzels at ballgame  
wine at tavern

croissant from café  
ice cream from truck  
wedding reception caterer

soda from vending machine  
hot dog from convenience store  
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

	Mark (X) one that best describes the type of meal				Description <i>(see examples above and on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
101	1	2	3	4		1	2	3	4			1	2	3	
102	1	2	3	4		1	2	3	4			1	2	3	
103	1	2	3	4		1	2	3	4			1	2	3	
104	1	2	3	4		1	2	3	4			1	2	3	
105	1	2	3	4		1	2	3	4			1	2	3	
106	1	2	3	4		1	2	3	4			1	2	3	
107	1	2	3	4		1	2	3	4			1	2	3	
108	1	2	3	4		1	2	3	4			1	2	3	
109	1	2	3	4		1	2	3	4			1	2	3	
110	1	2	3	4		1	2	3	4			1	2	3	
111	1	2	3	4		1	2	3	4			1	2	3	
112	1	2	3	4		1	2	3	4			1	2	3	
113	1	2	3	4		1	2	3	4			1	2	3	
114	1	2	3	4		1	2	3	4			1	2	3	
115	1	2	3	4		1	2	3	4			1	2	3	
116	1	2	3	4		1	2	3	4			1	2	3	
117	1	2	3	4		1	2	3	4			1	2	3	
118	1	2	3	4		1	2	3	4			1	2	3	
119	1	2	3	4		1	2	3	4			1	2	3	
120	1	2	3	4		1	2	3	4			1	2	3	
121	1	2	3	4		1	2	3	4			1	2	3	
122	1	2	3	4		1	2	3	4			1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

FR USE:  None  TR  VC





## 2. Food and Drinks for Home Consumption

**Examples:** eggs cereal tea beer apple juice ground beef chicken parts fish  
 whole milk white bread cola liquor tomato juice bacon whole chicken shellfish  
 sugar cooking oil ground coffee oranges carbonated water lettuce baby food pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) If purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201		1	2	3	4		
202		1	2	3	4		
203		1	2	3	4		
204		1	2	3	4		
205		1	2	3	4		
206		1	2	3	4		
207		1	2	3	4		
208		1	2	3	4		
209		1	2	3	4		
210		1	2	3	4		
211		1	2	3	4		
212		1	2	3	4		
213		1	2	3	4		
214		1	2	3	4		
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221		1	2	3	4		
222		1	2	3	4		
223		1	2	3	4		
224		1	2	3	4		
225		1	2	3	4		

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 4

SUN

MON

TUE

WED

THU

FRI

SAT

### 3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt	suit	sandals	soccer cleats	gloves	watch	pajamas	coat
sweater	dress	sneakers	team uniform	slippers	necklace	lingerie	jacket
shorts	pants	shoe repairs	ski boots	dance costume	belt	socks	windbreaker



Please unfold the LEFT FLAP to see Additional Examples

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Was the item for:		Age			Mark (X) if purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
301			1	2	1	2	3	
302			1	2	1	2	3	
303			1	2	1	2	3	
304			1	2	1	2	3	
305			1	2	1	2	3	
306			1	2	1	2	3	
307			1	2	1	2	3	
308			1	2	1	2	3	
309			1	2	1	2	3	
310			1	2	1	2	3	
311			1	2	1	2	3	
312			1	2	1	2	3	
313			1	2	1	2	3	
314			1	2	1	2	3	
315			1	2	1	2	3	
316			1	2	1	2	3	
317			1	2	1	2	3	
318			1	2	1	2	3	
319			1	2	1	2	3	
320			1	2	1	2	3	
321			1	2	1	2	3	
322			1	2	1	2	3	
323			1	2	1	2	3	
324			1	2	1	2	3	
325			1	2	1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



### 4. All Other Products, Services, and Expenses

**Examples:** cigarettes prescription drugs movie tickets phone bill hand soap paper towels textbooks computer cables  
 gasoline cordless telephone DVD rental car insurance dish soap bath towel cook book cable TV bill  
 utility gas bill dry clean (curtains) bus fare brake work power tools rent airline fares color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Mark (X) If purchased for someone not on your list
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If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 5

SUN

MON

TUE

WED

THU

FRI

SAT

# 1. Food and Drinks Away from Home

**Examples:**

breakfast buffet  
carry-out lunch  
dinner & cocktails at restaurant

pizza delivery  
Chinese takeout  
child's school lunch

beer at happy hour  
pretzels at ballgame  
wine at tavern

croissant from café  
ice cream from truck  
wedding reception caterer

soda from vending machine  
hot dog from convenience store  
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

	Mark (X) one that best describes the type of meal				Description <i>(see examples above and on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
101	1	2	3	4		1	2	3	4			1	2	3	
102	1	2	3	4		1	2	3	4			1	2	3	
103	1	2	3	4		1	2	3	4			1	2	3	
104	1	2	3	4		1	2	3	4			1	2	3	
105	1	2	3	4		1	2	3	4			1	2	3	
106	1	2	3	4		1	2	3	4			1	2	3	
107	1	2	3	4		1	2	3	4			1	2	3	
108	1	2	3	4		1	2	3	4			1	2	3	
109	1	2	3	4		1	2	3	4			1	2	3	
110	1	2	3	4		1	2	3	4			1	2	3	
111	1	2	3	4		1	2	3	4			1	2	3	
112	1	2	3	4		1	2	3	4			1	2	3	
113	1	2	3	4		1	2	3	4			1	2	3	
114	1	2	3	4		1	2	3	4			1	2	3	
115	1	2	3	4		1	2	3	4			1	2	3	
116	1	2	3	4		1	2	3	4			1	2	3	
117	1	2	3	4		1	2	3	4			1	2	3	
118	1	2	3	4		1	2	3	4			1	2	3	
119	1	2	3	4		1	2	3	4			1	2	3	
120	1	2	3	4		1	2	3	4			1	2	3	
121	1	2	3	4		1	2	3	4			1	2	3	
122	1	2	3	4		1	2	3	4			1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

FR USE:  None  TR  VC



## 2. Food and Drinks for Home Consumption

**Examples:** eggs, cereal, tea, beer, apple juice, ground beef, chicken parts, fish  
 whole milk, white bread, cola, liquor, tomato juice, bacon, whole chicken, shellfish  
 sugar, cooking oil, ground coffee, oranges, carbonated water, lettuce, baby food, pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) If purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201		1	2	3	4		
202		1	2	3	4		
203		1	2	3	4		
204		1	2	3	4		
205		1	2	3	4		
206		1	2	3	4		
207		1	2	3	4		
208		1	2	3	4		
209		1	2	3	4		
210		1	2	3	4		
211		1	2	3	4		
212		1	2	3	4		
213		1	2	3	4		
214		1	2	3	4		
215		1	2	3	4		
216		1	2	3	4		
217		1	2	3	4		
218		1	2	3	4		
219		1	2	3	4		
220		1	2	3	4		
221		1	2	3	4		
222		1	2	3	4		
223		1	2	3	4		
224		1	2	3	4		
225		1	2	3	4		

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 5

SUN

MON

TUE

WED

THU

FRI

SAT

### 3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt	suit	sandals	soccer cleats	gloves	watch	pajamas	coat
sweater	dress	sneakers	team uniform	slippers	necklace	lingerie	jacket
shorts	pants	shoe repairs	ski boots	dance costume	belt	socks	windbreaker



Please unfold the LEFT FLAP to see Additional Examples

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Was the item for:		Age			Mark (X) if purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
301			1	2	1	2	3	
302			1	2	1	2	3	
303			1	2	1	2	3	
304			1	2	1	2	3	
305			1	2	1	2	3	
306			1	2	1	2	3	
307			1	2	1	2	3	
308			1	2	1	2	3	
309			1	2	1	2	3	
310			1	2	1	2	3	
311			1	2	1	2	3	
312			1	2	1	2	3	
313			1	2	1	2	3	
314			1	2	1	2	3	
315			1	2	1	2	3	
316			1	2	1	2	3	
317			1	2	1	2	3	
318			1	2	1	2	3	
319			1	2	1	2	3	
320			1	2	1	2	3	
321			1	2	1	2	3	
322			1	2	1	2	3	
323			1	2	1	2	3	
324			1	2	1	2	3	
325			1	2	1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



### 4. All Other Products, Services, and Expenses

**Examples:** cigarettes prescription drugs movie tickets phone bill hand soap paper towels textbooks computer cables  
 gasoline cordless telephone DVD rental car insurance dish soap bath towel cook book cable TV bill  
 utility gas bill dry clean (curtains) bus fare brake work power tools rent airline fares color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Mark (X) If purchased for someone not on your list
401			
402			
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425			

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



**Day 6**

**SUN**

**MON**

**TUE**

**WED**

**THU**

**FRI**

**SAT**

# 1. Food and Drinks Away from Home

**Examples:**

breakfast buffet  
carry-out lunch  
dinner & cocktails at restaurant

pizza delivery  
Chinese takeout  
child's school lunch

beer at happy hour  
pretzels at ballgame  
wine at tavern

croissant from café  
ice cream from truck  
wedding reception caterer

soda from vending machine  
hot dog from convenience store  
popcorn and soda at movies

**Please unfold the LEFT FLAP to see Additional Examples**

	Mark (X) one that best describes the type of meal				Description <i>(see examples above and on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
101	1	2	3	4		1	2	3	4			1	2	3	
102	1	2	3	4		1	2	3	4			1	2	3	
103	1	2	3	4		1	2	3	4			1	2	3	
104	1	2	3	4		1	2	3	4			1	2	3	
105	1	2	3	4		1	2	3	4			1	2	3	
106	1	2	3	4		1	2	3	4			1	2	3	
107	1	2	3	4		1	2	3	4			1	2	3	
108	1	2	3	4		1	2	3	4			1	2	3	
109	1	2	3	4		1	2	3	4			1	2	3	
110	1	2	3	4		1	2	3	4			1	2	3	
111	1	2	3	4		1	2	3	4			1	2	3	
112	1	2	3	4		1	2	3	4			1	2	3	
113	1	2	3	4		1	2	3	4			1	2	3	
114	1	2	3	4		1	2	3	4			1	2	3	
115	1	2	3	4		1	2	3	4			1	2	3	
116	1	2	3	4		1	2	3	4			1	2	3	
117	1	2	3	4		1	2	3	4			1	2	3	
118	1	2	3	4		1	2	3	4			1	2	3	
119	1	2	3	4		1	2	3	4			1	2	3	
120	1	2	3	4		1	2	3	4			1	2	3	
121	1	2	3	4		1	2	3	4			1	2	3	
122	1	2	3	4		1	2	3	4			1	2	3	

**If there are not enough lines in this part, please continue recording your expenses on pages 36–37.**

FR USE:  None  TR  VC





SUN

MON

TUE

WED

THU

FRI

SAT

Day 6

## 2. Food and Drinks for Home Consumption

**Examples:**

eggs	cereal	tea	beer	apple juice	ground beef	chicken parts	fish
whole milk	white bread	cola	liquor	tomato juice	bacon	whole chicken	shellfish
sugar	cooking oil	ground coffee	oranges	carbonated water	lettuce	baby food	pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) If purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201		1	2	3	4		
202		1	2	3	4		
203		1	2	3	4		
204		1	2	3	4		
205		1	2	3	4		
206		1	2	3	4		
207		1	2	3	4		
208		1	2	3	4		
209		1	2	3	4		
210		1	2	3	4		
211		1	2	3	4		
212		1	2	3	4		
213		1	2	3	4		
214		1	2	3	4		
215		1	2	3	4		
216		1	2	3	4		
217		1	2	3	4		
218		1	2	3	4		
219		1	2	3	4		
220		1	2	3	4		
221		1	2	3	4		
222		1	2	3	4		
223		1	2	3	4		
224		1	2	3	4		
225		1	2	3	4		

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 6

SUN

MON

TUE

WED

THU

FRI

SAT

### 3. Clothing, Shoes, Jewelry, and Accessories

Examples:

shirt	suit	sandals	soccer cleats	gloves	watch	pajamas	coat
sweater	dress	sneakers	team uniform	slippers	necklace	lingerie	jacket
shorts	pants	shoe repairs	ski boots	dance costume	belt	socks	windbreaker

← Please unfold the LEFT FLAP to see Additional Examples

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Was the item for:		Age			Mark (X) if purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
301			1	2	1	2	3	
302			1	2	1	2	3	
303			1	2	1	2	3	
304			1	2	1	2	3	
305			1	2	1	2	3	
306			1	2	1	2	3	
307			1	2	1	2	3	
308			1	2	1	2	3	
309			1	2	1	2	3	
310			1	2	1	2	3	
311			1	2	1	2	3	
312			1	2	1	2	3	
313			1	2	1	2	3	
314			1	2	1	2	3	
315			1	2	1	2	3	
316			1	2	1	2	3	
317			1	2	1	2	3	
318			1	2	1	2	3	
319			1	2	1	2	3	
320			1	2	1	2	3	
321			1	2	1	2	3	
322			1	2	1	2	3	
323			1	2	1	2	3	
324			1	2	1	2	3	
325			1	2	1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



### 4. All Other Products, Services, and Expenses

**Examples:** cigarettes prescription drugs movie tickets phone bill hand soap paper towels textbooks computer cables  
 gasoline cordless telephone DVD rental car insurance dish soap bath towel cook book cable TV bill  
 utility gas bill dry clean (curtains) bus fare brake work power tools rent airline fares color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Mark (X) If purchased for someone not on your list
401			
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If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



Day 7

SUN

MON

TUE

WED

THU

FRI

SAT

# 1. Food and Drinks Away from Home

**Examples:**

breakfast buffet  
carry-out lunch  
dinner & cocktails at restaurant

pizza delivery  
Chinese takeout  
child's school lunch

beer at happy hour  
pretzels at ballgame  
wine at tavern

croissant from café  
ice cream from truck  
wedding reception caterer

soda from vending machine  
hot dog from convenience store  
popcorn and soda at movies

Please unfold the LEFT FLAP to see Additional Examples

	Mark (X) one that best describes the type of meal				Description <i>(see examples above and on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
101	1	2	3	4		1	2	3	4			1	2	3	
102	1	2	3	4		1	2	3	4			1	2	3	
103	1	2	3	4		1	2	3	4			1	2	3	
104	1	2	3	4		1	2	3	4			1	2	3	
105	1	2	3	4		1	2	3	4			1	2	3	
106	1	2	3	4		1	2	3	4			1	2	3	
107	1	2	3	4		1	2	3	4			1	2	3	
108	1	2	3	4		1	2	3	4			1	2	3	
109	1	2	3	4		1	2	3	4			1	2	3	
110	1	2	3	4		1	2	3	4			1	2	3	
111	1	2	3	4		1	2	3	4			1	2	3	
112	1	2	3	4		1	2	3	4			1	2	3	
113	1	2	3	4		1	2	3	4			1	2	3	
114	1	2	3	4		1	2	3	4			1	2	3	
115	1	2	3	4		1	2	3	4			1	2	3	
116	1	2	3	4		1	2	3	4			1	2	3	
117	1	2	3	4		1	2	3	4			1	2	3	
118	1	2	3	4		1	2	3	4			1	2	3	
119	1	2	3	4		1	2	3	4			1	2	3	
120	1	2	3	4		1	2	3	4			1	2	3	
121	1	2	3	4		1	2	3	4			1	2	3	
122	1	2	3	4		1	2	3	4			1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 36-37.

FR USE:  None  TR  VC



## 2. Food and Drinks for Home Consumption

**Examples:** eggs, cereal, tea, beer, apple juice, ground beef, chicken parts, fish  
 whole milk, white bread, cola, liquor, tomato juice, bacon, whole chicken, shellfish  
 sugar, cooking oil, ground coffee, oranges, carbonated water, lettuce, baby food, pet food

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) If purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201		1	2	3	4		
202		1	2	3	4		
203		1	2	3	4		
204		1	2	3	4		
205		1	2	3	4		
206		1	2	3	4		
207		1	2	3	4		
208		1	2	3	4		
209		1	2	3	4		
210		1	2	3	4		
211		1	2	3	4		
212		1	2	3	4		
213		1	2	3	4		
214		1	2	3	4		
215		1	2	3	4		
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218		1	2	3	4		
219		1	2	3	4		
220		1	2	3	4		
221		1	2	3	4		
222		1	2	3	4		
223		1	2	3	4		
224		1	2	3	4		
225		1	2	3	4		

If there are not enough lines in this part, please continue recording your expenses on pages 38–41.



Day 7

SUN

MON

TUE

WED

THU

FRI

SAT

### 3. Clothing, Shoes, Jewelry, and Accessories

**Examples:**

shirt	suit	sandals	soccer cleats	gloves	watch	pajamas	coat
sweater	dress	sneakers	team uniform	slippers	necklace	lingerie	jacket
shorts	pants	shoe repairs	ski boots	dance costume	belt	socks	windbreaker

← Please unfold the LEFT FLAP to see Additional Examples

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Was the item for:		Age			Mark (X) if purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
301			1	2	1	2	3	
302			1	2	1	2	3	
303			1	2	1	2	3	
304			1	2	1	2	3	
305			1	2	1	2	3	
306			1	2	1	2	3	
307			1	2	1	2	3	
308			1	2	1	2	3	
309			1	2	1	2	3	
310			1	2	1	2	3	
311			1	2	1	2	3	
312			1	2	1	2	3	
313			1	2	1	2	3	
314			1	2	1	2	3	
315			1	2	1	2	3	
316			1	2	1	2	3	
317			1	2	1	2	3	
318			1	2	1	2	3	
319			1	2	1	2	3	
320			1	2	1	2	3	
321			1	2	1	2	3	
322			1	2	1	2	3	
323			1	2	1	2	3	
324			1	2	1	2	3	
325			1	2	1	2	3	

If there are not enough lines in this part, please continue recording your expenses on pages 41-42.



### 4. All Other Products, Services, and Expenses

**Examples:** cigarettes prescription drugs movie tickets phone bill hand soap paper towels textbooks computer cables  
 gasoline cordless telephone DVD rental car insurance dish soap bath towel cook book cable TV bill  
 utility gas bill dry clean (curtains) bus fare brake work power tools rent airline fares color television

Please unfold the RIGHT FLAP to see Frequently Asked Questions 

	What did you buy or pay for? <i>(see examples above and on the flap)</i>	Total Cost without tax	Mark (X) If purchased for someone not on your list
401			
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425			

If there are not enough lines in this part, please continue recording your expenses on pages 43–44.



# Additional Pages

## 1. Food and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description <i>(see examples on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other	
101														
102														
103														
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121														
122														
123														





# Additional Pages

## 1. Food and Drinks Away from Home

	Mark (X) one that best describes the type of meal				Description <i>(see examples on the flap)</i>	Mark (X) one that best describes where you made this purchase				Total Cost with tax & tip	If alcoholic beverages included, mark (X) all that apply			Enter the total cost of the alcohol	
	breakfast	lunch	dinner	snack/other		Fast-Food Take-out Delivery Concession	Full Service Places	Vending Machines or Mobile Vendors	Employer or School Cafeteria		wine	beer	other		
124	1	2	3	4		1	2	3	4			1	2	3	
125	1	2	3	4		1	2	3	4			1	2	3	
126	1	2	3	4		1	2	3	4			1	2	3	
127	1	2	3	4		1	2	3	4			1	2	3	
128	1	2	3	4		1	2	3	4			1	2	3	
129	1	2	3	4		1	2	3	4			1	2	3	
130	1	2	3	4		1	2	3	4			1	2	3	
131	1	2	3	4		1	2	3	4			1	2	3	
132	1	2	3	4		1	2	3	4			1	2	3	
133	1	2	3	4		1	2	3	4			1	2	3	
134	1	2	3	4		1	2	3	4			1	2	3	
135	1	2	3	4		1	2	3	4			1	2	3	
136	1	2	3	4		1	2	3	4			1	2	3	
137	1	2	3	4		1	2	3	4			1	2	3	
138	1	2	3	4		1	2	3	4			1	2	3	
139	1	2	3	4		1	2	3	4			1	2	3	
140	1	2	3	4		1	2	3	4			1	2	3	
141	1	2	3	4		1	2	3	4			1	2	3	
142	1	2	3	4		1	2	3	4			1	2	3	
143	1	2	3	4		1	2	3	4			1	2	3	
144	1	2	3	4		1	2	3	4			1	2	3	
145	1	2	3	4		1	2	3	4			1	2	3	
146	1	2	3	4		1	2	3	4			1	2	3	



# Additional Pages

## 2. Food and Drinks for Home Consumption

	What did you buy or pay for? <i>(see examples on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
201		1	2	3	4		
202		1	2	3	4		
203		1	2	3	4		
204		1	2	3	4		
205		1	2	3	4		
206		1	2	3	4		
207		1	2	3	4		
208		1	2	3	4		
209		1	2	3	4		
210		1	2	3	4		
211		1	2	3	4		
212		1	2	3	4		
213		1	2	3	4		
214		1	2	3	4		
215		1	2	3	4		
216		1	2	3	4		
217		1	2	3	4		
218		1	2	3	4		
219		1	2	3	4		
220		1	2	3	4		
221		1	2	3	4		
222		1	2	3	4		
223		1	2	3	4		
224		1	2	3	4		
225		1	2	3	4		
226		1	2	3	4		
227		1	2	3	4		



# Additional Pages

## 2. Food and Drinks for Home Consumption

	What did you buy or pay for? <i>(see examples on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
228		1	2	3	4		
229		1	2	3	4		
230		1	2	3	4		
231		1	2	3	4		
232		1	2	3	4		
233		1	2	3	4		
234		1	2	3	4		
235		1	2	3	4		
236		1	2	3	4		
237		1	2	3	4		
238		1	2	3	4		
239		1	2	3	4		
240		1	2	3	4		
241		1	2	3	4		
242		1	2	3	4		
243		1	2	3	4		
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245		1	2	3	4		
246		1	2	3	4		
247		1	2	3	4		
248		1	2	3	4		
249		1	2	3	4		
250		1	2	3	4		
251		1	2	3	4		
252		1	2	3	4		
253		1	2	3	4		
254		1	2	3	4		



# Additional Pages

## 2. Food and Drinks for Home Consumption

	What did you buy or pay for? <i>(see examples on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
255		1	2	3	4		
256		1	2	3	4		
257		1	2	3	4		
258		1	2	3	4		
259		1	2	3	4		
260		1	2	3	4		
261		1	2	3	4		
262		1	2	3	4		
263		1	2	3	4		
264		1	2	3	4		
265		1	2	3	4		
266		1	2	3	4		
267		1	2	3	4		
268		1	2	3	4		
269		1	2	3	4		
270		1	2	3	4		
271		1	2	3	4		
272		1	2	3	4		
273		1	2	3	4		
274		1	2	3	4		
275		1	2	3	4		
276		1	2	3	4		
277		1	2	3	4		
278		1	2	3	4		
279		1	2	3	4		
280		1	2	3	4		
281		1	2	3	4		



# Additional Pages

## 2. Food and Drinks for Home Consumption

	What did you buy or pay for? <i>(see examples on the flap)</i>	Is this item: Mark (X) one				Total Cost without tax	Mark (X) if purchased for someone not on your list
		fresh	frozen	bottled/ canned	other		
282		1	2	3	4		
283		1	2	3	4		
284		1	2	3	4		
285		1	2	3	4		
286		1	2	3	4		
287		1	2	3	4		
288		1	2	3	4		
289		1	2	3	4		
290		1	2	3	4		
291		1	2	3	4		
292		1	2	3	4		
293		1	2	3	4		
294		1	2	3	4		
295		1	2	3	4		

## 3. Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for? <i>(see examples on the flap)</i>	Total Cost without tax	Was the item for:		Age:			Mark (X) if purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
301			1	2	1	2	3	
302			1	2	1	2	3	
303			1	2	1	2	3	
304			1	2	1	2	3	
305			1	2	1	2	3	
306			1	2	1	2	3	
307			1	2	1	2	3	
308			1	2	1	2	3	
309			1	2	1	2	3	



# Additional Pages

## 3. Clothing, Shoes, Jewelry, and Accessories

	What did you buy or pay for? <i>(see examples on the flap)</i>	Total Cost without tax	Was the item for:		Age:			Mark (X) if purchased for someone not on your list
			male	female	Under 2	2-15	16 & Over	
310			1	2	1	2	3	
311			1	2	1	2	3	
312			1	2	1	2	3	
313			1	2	1	2	3	
314			1	2	1	2	3	
315			1	2	1	2	3	
316			1	2	1	2	3	
317			1	2	1	2	3	
318			1	2	1	2	3	
319			1	2	1	2	3	
320			1	2	1	2	3	
321			1	2	1	2	3	
322			1	2	1	2	3	
323			1	2	1	2	3	
324			1	2	1	2	3	
325			1	2	1	2	3	
326			1	2	1	2	3	
327			1	2	1	2	3	
328			1	2	1	2	3	
329			1	2	1	2	3	
330			1	2	1	2	3	
331			1	2	1	2	3	
332			1	2	1	2	3	
333			1	2	1	2	3	
334			1	2	1	2	3	
335			1	2	1	2	3	
336			1	2	1	2	3	



# Additional Pages

## 4. All Other Products, Services, and Expenses

	What did you buy or pay for? <i>(see examples on the flap)</i>	Total Cost without tax	Mark (X) if purchased for someone not on your list
401			
402			
403			
404			
405			
406			
407			
408			
409			
410			
411			
412			
413			
414			
415			
416			
417			
418			
419			
420			
421			
422			
423			
424			
425			
426			
427			



# Additional Pages

## 4. All Other Products, Services, and Expenses

	What did you buy or pay for? <i>(see examples on the flap)</i>	Total Cost without tax	Mark (X) if purchased for someone not on your list
428			
429			
430			
431			
432			
433			
434			
435			
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437			
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454			





# Frequently Asked Questions

(continued on other side)

## 1. How detailed should my descriptions be?

Refer to pages 4–7 for examples of the level of detail needed in each part. Do not use brand names.

## 2. How should I record multiple quantities?

If the items are identical, you can combine them on the same line and enter the total cost of all the items. See examples on pages 5 and 6.

## 3. How should I record pre-payments such as a subway fare card?

Record the expense when you pay for it, not when you use it.

## 4. How should I record credit card purchases?

Record the individual expense on the day that you use your credit card to pay for something, not on the day you pay your entire credit card bill.

## 5. Should I record automatic deductions taken from my paycheck or bank account?

Yes, record automatic deductions (such as health insurance premiums taken out of your account or paycheck) only if they are deducted that week. Write them in the section called *All Other Products, Services, and Expenses* (Part 4).

## 6. Should I record typical monthly bills?

Yes, record typical monthly bills only if you pay them during the week that you have the diary. Write them in the section called *All Other Products, Services, and Expenses* (Part 4).

## 7. What should I do when I use coupons, discount cards, or loyalty cards?

Subtract the discount from the original price and write the amount that you paid.

## 8. Can I just give you receipts instead of writing the information down?

No, we need you to actually write the information in the diary. We encourage you to save your receipts to review them with your field representative at the end of the week. You can use the pocket on the inside of the back cover to store your receipts until you're ready to record your purchases.

## 9. How should I record items if I don't know whether it includes tax?

Write down the amount paid.

(continued on other side)

# Frequently Asked Questions

(continued on other side)

## 10. What if I make a contribution or charitable donation?

Record money contributions or donations in the section called *All Other Products, Services, and Expenses* (Part 4).

## 11. What about gift certificates or gift cards?

If you buy a gift certificate to give to someone, write down the cost of it under the appropriate section (e.g. a certificate to a clothing store would go under *Clothing, Shoes, Jewelry, and Accessories* (Part 3) and a certificate to a department store would go under *All Other Products, Services, and Expenses* (Part 4)). If you buy something using a gift card, write down the full amount for your purchase ignoring the gift card.

## 12. What do I do about returns & exchanges?

If an item is bought and returned during the diary week, it can be erased or crossed out. If it was bought outside the week and returned during the week, do not make an entry. If an item is exchanged during the week, change the entry. If the new cost is different, cross out the old cost and write in the new cost (see examples on page 7).

## 13. Should I record subsidized/reimbursed expenses?

Yes, but if someone not on your list pays for or helps pay for an expense or if you will be reimbursed for an expense, only record any extra amount that you or someone on your list has to pay.

## 14. What should I do about shipping & handling costs?

Include the shipping & handling cost in the total price of the item. If the shipping & handling covered multiple items, include the shipping & handling in the total price of one item from the order.

## 15. What's the difference between a concession stand and a mobile vendor?

A concession stand has to stay in a permanent location and a mobile vendor does not. Some mobile vendors may seem permanent because they are usually in the same location, but they are still considered mobile vendors because they have the option to change locations.

(continued on other side)

# **Keep your records in this pocket.**

**(These records are only for your reference; we will not keep them.)**

- Receipts
- Bank Statements
- Credit Card Statements
- Pay Stubs
- Catalog/Internet Order Invoices
- Utility Bills
- Telephone bills



## Daily Reminder List

**Please review the list of expenses below with the people on your list at the end of each day.  
If you have forgotten to record any expense, please do so on the appropriate page.**

### **Did you or anyone on your list pay for . . .**

- meals, drinks, or snacks from restaurants, fast food, cafeterias, vending machines, concession stands, etc.?
- catered events or meal plans?
- food & drinks from a grocery store or other speciality food store such as a bakery, candy shop, or liquor store?
- clothing, shoes, jewelry, accessories or clothing services such as dry cleaning?
- personal care items or services such as cosmetics, soaps, haircuts, etc.?
- housekeeping supplies or services for home decoration/maintenance?
- toys, books, electronics, hobby supplies, etc.?
- cigarettes, tobacco, or other smoking supplies?
- commuting costs such as public transportation, parking fees, gasoline, or tolls?
- medicine or medical/dental services?
- entertainment or recreational activities?
- typical bills such as utility bills, cable bills, telephone bills, etc.?
- automatic deductions from a paycheck such as insurance premiums?
- bank/ATM service fees?
- credit card interest or finance charges?
- internet or catalog orders?
- fees for lessons or instructions?
- gifts, contributions, donations?

**For more specific examples of expenses, please refer to the flap attached to the front cover.**

RO code	Control Number								Spinoff Indicator	Week	
	PSU code	Segment No.	Segment No. Suffix	Sample Designation	Serial No.	Serial No. Suffix	HH No.	CU No.		1	2

