

DEBT SHEET

A summary of money owed to creditors / family / friends and bills that have a balance due.
 (include credit cards, medical bills, etc.)

Place in order from **smallest amount owed to largest**

Name: _____ Date Debt Sheet Filled Out: _____ (Update as needed)



To Whom Owed (Creditor)	Creditor's Address & Phone Number	Total Amount Owed	Monthly Payment Plan		# of Pmts Left	Rate of Interest
			Due Date	Amount of Payment		
	Ph#					
	Ph#					
	Ph#					
	Ph#					
	Ph#					
	Ph#					
	Ph#					
	Ph#					
	Ph#					
	Ph#					
	Ph#					
	Ph#					
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	Ph#					
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	Ph#					
TOTALS						