

Name \_\_\_\_\_

Is the item in your budget? Circle Yes or No  
If no, say how much more you need

Your Budget			Yes	No	more?
\$50.00	\$50.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
\$10.00	\$20.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
\$30.00	\$50.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
\$20.00	\$20.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
\$40.00	\$50.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
\$70.00	\$70.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
\$60.00	\$60.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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