

Monthly Budget Worksheet/ Expense Record

Expense	Monthly Payment	CAN'T Do Without	CAN Do Without
Rent/Mortgage			
Gas/Oil			
Electric			
Water/Sewage			
Phone			
Life Insurance			
Car Insurance			
Taxes (if not included in mortgage)			
Homeowner's/Tenant Insurance (if not included in mortgage)			
Home Maintenance			
Home Phone			
Cell Phone			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Food-Grocery Store			
Auto expenses			
Gasoline/Transportation			
Monthly upkeep on cars			
Daycare			
Lunches/snacks, coffee, etc.			
Cable TV			
Pay per view, video rental			
Dry cleaning, laundry			
Education expenses (including books)			
Church/religious donations			
Other donations			
Pet expenses			
Veterinarian Payments/Visits			
Dog food/cookies			
Cigarettes/beverages (including alcoholic)			
Newspaper/magazines, etc.			
Entertainment (including babysitting expense)			
Fast Food			
Clubs, sports hobbies			
New clothing/shoes			
College Funds			
Gifts-Birthdays, anniversaries			
Gifts-Holidays			
Emergency Savings			
Saving for _____			
Other Expenses			

Monthly Income / Expense Record

Expense	Monthly Payment	CAN'T Do Without	CAN Do Without
Eye Doctor/Prescriptions			
Orthodontist			
Hospital Payments			
Primary Physician			
Pediatric Physician			
Other Doctors _____			
Other Doctors _____			
Prescriptions			
Lunches Out			
Dinners Out			
Kid's School Lunch			
Target or Wal-Mart			
Costco/Sam's Club or Warehouse Shop			
Trips/School Trips			
Makeup/Hair Care/Toiletries			
Subscriptions			
Emergency funds			
Entertainment/traveling funds			
Retirement funds			
Other expenses			
Other expenses			
Other expenses			
Other expenses			

_____ - _____ = \$ _____
Total Net Income Total Expenses