

# MONTHLY BUDGET

DATE:

NET MONTHLY INCOME: AMOUNT OF MONEY AFTER TAXES AND DEDUCTIONS

INCOME	AMOUNT	SOURCE

TOTAL AMOUNT:

FIXED MONTHLY EXPENSES: DON'T CHANGE OR CHANGE ONLY A SMALL AMOUNT

EXPENSE	BUDGET AMOUNT	SPENT
HOUSING (RENT/MORTGAGE)		
ELECTRIC		
GARBAGE		
HEAT/GAS		
WATER/SEWER		
CAR PAYMENT		
DENTAL/VISION/HEALTH INSURANCE		
CHILDCARE		
CLUB/MEMBERSHIP		
STUDENT LOAN PAYMENT		
SAVINGS		
OTHER:		
OTHER:		
TOTAL AMOUNT		

FLEXIBLE MONTHLY EXPENSES: HAVE SOME CONTROL OVER AND CAN ADJUST

EXPENSE	AMOUNT	SPENT
CABLE OR SATELLITE TELEVISION		
INTERNET CONNECTION		
PHONE		
STREAMING SERVICES		
DINING OUT		
GAS/PUBLIC TRANSPORTATION		
GROCERIES		
HOUSEHOLD ITEMS		
LAUNDRY/DRY CLEANING		
MEDICATIONS		
PERSONAL ITEMS/TOILETRIES		
PET SUPPLIES/CARE		
SUBSCRIPTIONS		
BARBER/SALON		
CREDIT CARD PAYMENT		
CREDIT CARD PAYMENT		
OTHER:		
OTHER:		
TOTAL AMOUNT:		

NOTES:

PERIODIC EXPENSES: NOT REGULAR MONTHLY EXPENSE (Annual cost ÷ 12 months=budget amount)		
EXPENSE	AMOUNT	SPENT
CAR INSURANCE		
CAR REPAIR/MAINTENANCE		
CAR TABS/PLATES/REGISTRATION		
CHARITABLE/RELIGIOUS DONATIONS		
CLOTHING/FOOTWEAR		
HOLIDAYS/BIRTHDAYS/GIFTS		
HOME MAINTENANCE		
LIFE/DISABILITY ITEMS		
MEDICAL/DENTAL/VISION COPAYS		
RENTERS INSURANCE		
SPORTS/HOBBIES FEES & EQUIPMENT		
TUITION/EDUCATION		
VACATIONS		
OTHER:		
OTHER:		
<b>TOTAL AMOUNT:</b>		

SUMMARY		
INCOME/EXPENSES	BUDGET AMOUNT	ACTUALLY SPENT
TOTAL NET INCOME		
TOTAL EXPENSES		
DISCRETIONARY INCOME		