Budget Worksheet

Monthly Bills

Monthly Expense:	Amount:
Giving:	
Rent/Mortgage:	
Food:	
Electric:	
Water:	
Garbage:	
Phone/Cell:	
Internet:	
Gas:	
Car Insurance:	
Health Insurance:	
Life Insurance:	
Disability Insurance:	
Total Bills:	
Extras:	
Allotments:	
Total Extras:	
Monthly Total:	

Monthly Income

Source:	Amount:
Total Income:	

Monthly Income: _____

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Monthly Bills: _____

Total Left to apply to debts

= _____

Debts

Debts:	Amount Applied:	Still Owe:
	Total Debt:	