

Budget Worksheet

Name _____

Date _____

BUDGET		<i>4.3</i> WEEKS/MONTH	
EXPENSES	PER WEEK	PER MONTH	PER YEAR
Alimony			
Allowance Children			
Member			
Spouse			
Auto Insurance			
Auto License			
Auto Pay			

#2) _____	Equals	_____	
_____	Total Monthly Expenses	_____	
_____	Monthly Living Allowance (#3)	_____	
_____	Minus	_____	

Health Insurance (not incl. in s

Home / Renters Insurance

Auto Insurance**

Auto Registration / Taxes**

Professional Fees / Dues

Accountant Services