Monthly Expense Record

Month: _____

Balance from Last Month: $_____

NET INCOME			
			Total
Salary/Commisions			
		Total Income	
Other			
		Total Income	

SAVINGS	
(Describe)	
Total Savings	

INVESTMENTS/RETIREMENT	
Total Investments	

	FOOD			HOUSEHOLD				TRANSPORT			PERSONAL		HEALTH	
	Groceries	Fast food; dinning	Tobacco; alcohol;	Cleaner; maint	Appliances Fu	Postage	Interest	Gas	Auto	Taxi	Clothing	Toiletries	Doctor	Personal