

# Monthly Expense Record

Balance from Last Month: \$ \_\_\_\_\_

Month: \_\_\_\_\_

NET INCOME			
			Total
Salary/ Commissions			
Total Income			
Other			
Total Income			

SAVINGS	
(Describe)	
Total Savings	

INVESTMENTS/RETIREMENT	
Total Investments	

	FOOD			HOUSEHOLD			TRANSPORT			PERSONAL		HEALTH		
	Groceries	Fast food; dining out; school lunches	Tobacco; alcohol; snacks; beverages; water	Cleaner; maint. House Yard Pool	Appliances Furniture Furnishings Supplies	Postage ATM fees Bank charges Misc	Interest Taxes	Gas	Auto maint. Wash License	Taxi Transit Tolls Parking	Clothing Alterations Dry cleaning Laundry Shoes	Toiletries Cosmetics Hair Nails Massage	Doctor Dentist Vision Medicine Vitamins	Personal growth/therapy
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28														
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30														
31														
Total														

Ending Balance: \$ \_\_\_\_\_

Notes: