

MONTHLY BUDGET WORKSHEET

Name _____
 Period _____

EXPENSES	CURRENT	PLAN	SPENT	O/S
HOUSING				
HOUSING PAYMENT				
ELECTRICITY				
HEATING (GAS, OIL)				
12-MONTH AVERAGE				
WATER/SEWER				
TELEPHONE				
OTHER				
SUBTOTAL				
HOME MAINTENANCE				
MONTHLY MAINTENANCE ALLOTMENT				
CLEANING SUPPLIES				
LAWN CARE				
PEST CONTROL				
OTHER				
SUBTOTAL				
FOOD				
FOOD/GROCERIES				
FOOD AT WORK (DAILY X 20 DAYS)				
SCHOOL LUNCHESES X 20 DAYS				
OTHER				
SUBTOTAL				
SAVINGS				
EMERGENCY FUND				
DOWN-PAYMENT SAVINGS FUND				
OTHER				
SUBTOTAL				
CAR				
GASOLINE				
CAR REPAIRS/MAINTENANCE (ANNUAL ÷ 12)				
LICENSE TAGS/TAXES				
CAR INSPECTION				
OTHER				
SUBTOTAL				
PERSONAL				
PERSONAL ITEMS/TOILETRIES				
BARBER/BEAUTY SHOP				
ALLOWANCES FOR CHILDREN				
CHILD CARE				
CHILD SUPPORT/ALIMONY				
TOBACCO				
ALCOHOLIC BEVERAGES				
OTHER				
SUBTOTAL				

EXPENSES	CURRENT	PLAN	SPENT	O/S
INSURANCE				
AUTO INSURANCE (ANNUAL ÷ 12)				
LIFE INSURANCE				
HOMEOWNERS/RENTERS (IF NOT IN HOUSE PAYMENT)				
HEALTH INSURANCE				
OTHER				
SUBTOTAL				
MEDICAL				
MEDICATION				
DOCTOR VISITS (# INDIVIDUALS x ANNUAL COST ÷ 12)				
DENTIST				
OTHER				
SUBTOTAL				
CLOTHING				
CLOTHING (COST LAST YEAR ÷ 12)				
LAUNDRY/DRY CLEANING				
OTHER				
SUBTOTAL				
GIFTS & DONATIONS				
BIRTHDAY GIFTS (ANNUAL ÷ 12)				
CHRISTMAS (ANNUAL ÷ 12)				
OTHER GIFTS				
CHURCH DONATIONS				
OTHER				
SUBTOTAL				
EDUCATION				
SCHOOL FEES/BOOKS/SUPPLIES				
NEWSPAPER/MAGAZINES				
OTHER				
SUBTOTAL				
ENTERTAINMENT				
MOVIE RENTAL				
CABLE TV				
ATHLETIC EVENTS/HOBBIES				
VACATIONS				
EATING OUT				
OTHER				
SUBTOTAL				
OTHER				
"MAD" MONEY				
PET SUPPLIES/CARE				
POSTAGE				
CHECKING ACCOUNT FEES				
PICTURES/PHOTO PROCESSING				
OTHER				
SUBTOTAL				
TOTAL MONTHLY EXPENSES				