

MONTHLY-BUDGET WORKSHEET

EXPENSES	CURRENT	PLAN	SPENT	O/S	EXPENSES	CURRENT	PLAN	SPENT	O/S
HOUSING					INSURANCE				
HOUSING PAYMENT					AUTO INSURANCE				
ELECTRICITY					(ANNUAL TOTAL ÷ 12)				
HEATING (GAS,OIL)					HOMEOWNERS/ RENTERS				
12 MONTH AVERAGE					(IF NOT IN HOUSE PAYMENT)				
WATER/SEWER					LIFE INSURANCE				
TELEPHONE					HEALTH INSURANCE				
TOTAL					TOTAL				
HOME MAINTENANCE					MEDICAL				
MONTHLY MAINTENANCE					DOCTOR VISITS (# INDIVIDUALS				
ALLOTMENT					X ANNUAL COST ÷ 12)				
CLEANING SUPPLIES					MEDICATION				
LAWN CARE					DENTIST				
PEST CONTROL					TOTAL				
					CLOTHING				
					CLOTHING (COST LAST YEAR ÷ 12)				
TOTAL					LAUNDRY/ DRY CLEANING				
FOOD					TOTAL				
FOOD/GROCERIES					GIFTS & DONATIONS				
FOOD AT WORK					BIRTHDAY GIFTS				
(DAILY AVERAGE X 20 DAYS)					(ANNUAL TOTAL ÷ 12)				
SCHOOL LUNCHES X 20 DAYS					CHRISTMAS				
TOTAL					(ANNUAL TOTAL ÷ 12)				
SAVINGS					OTHER GIFTS				
EMERGENCY FUND					CHURCH DONATIONS				
DOWN-PAYMENT SAVINGS FUND					OTHER CHARITIES				
					TOTAL				
TOTAL					EDUCATION				
CAR					SCHOOL FEES/ BOOKS/ SUPPLIES				
GASOLINE					NEWSPAPER/ MAGAZINES				
CAR REPAIRS/ MAINTENANCE					TOTAL				
(ANNUAL ÷ 12)					ENTERTAINMENT				
LICENSE TAGS/ TAXES					MOVIE RENTAL				
CAR INSURANCE					CABLE TV				

