

MONTHLY BUDGET

MONTH: _____ STARTING BALANCE: _____ MONTHLY INCOME: _____

EXPENSES

HOME

	BUDGET	SPENT
RENT/MORTGAGE:	\$ _____	\$ _____
INSURANCE:	\$ _____	\$ _____
REPAIRS:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

CAR

	BUDGET	SPENT
CAR PAYMENT:	\$ _____	\$ _____
CAR INSURANCE:	\$ _____	\$ _____
PETROL:	\$ _____	\$ _____
REPAIRS:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

BILLS

	BUDGET	SPENT
ELECTRIC:	\$ _____	\$ _____
GAS:	\$ _____	\$ _____
INTERNET:	\$ _____	\$ _____
PHONE:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

PERSONAL

	BUDGET	SPENT
ENTERTAINMENT:	\$ _____	\$ _____
CLOTHING:	\$ _____	\$ _____
KIDS' SUPPLIES:	\$ _____	\$ _____
COSMETICS:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

FOOD

	BUDGET	SPENT
GROCERIES:	\$ _____	\$ _____
EATING OUT:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

MEDICAL

	BUDGET	SPENT
HEALTH INSURANCE:	\$ _____	\$ _____
DOCTOR BILLS:	\$ _____	\$ _____
MEDICATION:	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

OTHER

	BUDGET	SPENT
CHILDCARE:	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

DEBTS

	BUDGET	SPENT
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

STARTING BALANCE: _____ MONEY SPENT: _____ MONEY SAVED: _____ FINAL BALANCE: _____