## Month

$\qquad$

## Year

Utilize this worksheet to track your expenses for the current month. Use this month's data to assist in formulating your budget for the next month. Differentiate between monthly bills and those occurring less frequently. If you have expenses that don't occur monthly, categorize them under "Other" expenses.

## Income

| Income/Salary/Paycheck | $\$$ |
| :--- | :--- |
| Income \#2 | $\$$ |
| Income \#3 | $\$$ |
| Other | $\$$ |
| Total Monthly Income | $\$$ |

## Giving

| Tithes | $\$$ |
| :--- | :--- |
| Offerings | $\$$ |
| Charity/Gifts | $\$$ |

## Savings

| Savings | $\$$ |
| :--- | :--- |
| Emergency Fund | $\$$ |
| Retirement | $\$$ |
| Other | $\$$ |

## Housing Expenses

| Rent/Mortgage | $\$$ |
| :--- | :--- |
| Electricity | $\$$ |
| Gas | $\$$ |
| Telephone/Mobile phone | $\$$ |
| Internet | $\$$ |
| Cable/Satellite Tv | $\$$ |
| Sanitation/Recycling | $\$$ |


| Maintenance | $\$$ |
| :--- | :--- |
| Other | $\$$ |

Food

| Groceries | $\$$ |
| :--- | :--- |
| Meals out | $\$$ |
| Other | $\$$ |

Insurance

| Homeowners/Renters Insurance | $\$$ |
| :--- | :--- |
| Car Insurance | $\$$ |
| Health Insurance | $\$$ |
| Life Insurance | $\$$ |
| Other | $\$$ |

## Transportation

| Car Payment | $\$$ |
| :--- | :--- |
| Car Payment | $\$$ |
| Gas | $\$$ |
| Maintenance | $\$$ |
| Repairs | $\$$ |
| Oil Change | $\$$ |
| Car Tag | $\$$ |
| Car Inspection | $\$$ |
| Parking and Tolls | $\$$ |
| Other | $\$$ |

## Health and Wellness

| Doctor | $\$$ |
| :--- | :--- |
| Dental | $\$$ |
| Medicine/Prescriptions | $\$$ |
| Other | $\$$ |

## Finance

| Fees for check cashing | $\$$ |
| :--- | :--- |
| Fees for Cashiers check and money transfers | $\$$ |
| Prepaid cards and phone cards | $\$$ |
| Bank or credit card fees | $\$$ |
| Other fees | $\$$ |

Family Expenses

| Child care | $\$$ |
| :--- | :--- |
| Child support | $\$$ |
| Money given or sent to family | $\$$ |
| Clothing and shoes (adults) | $\$$ |
| Clothing and shoes (children) | $\$$ |
| Laundry or dry cleaning | $\$$ |
| Entertainment (movies, amusement parks, etc) | $\$$ |
| Travel | $\$$ |
| Other | $\$$ |

## Personal/Miscellaneous

| Toiletries/cosmetics | $\$$ |
| :--- | :--- |
| Hair beauty | $\$$ |
| Barber | $\$$ |
| Pet supplies | $\$$ |
| Subscriptions | $\$$ |
| Other | $\$$ |
| Other | $\$$ |

School Costs

| Tuition | $\$$ |
| :--- | :--- |
| Supplies | $\$$ |
| Books/Materials | $\$$ |
| Uniforms | $\$$ |


| Transportation | $\$$ |
| :--- | :--- |
| Other | $\$$ |

Taxes

| Property taxes | $\$$ |
| :--- | :--- |
| Accountant fees (CPA, etc) | $\$$ |
| Other | $\$$ |

## Credit Card Debt

| Payment \#1 | $\$$ |
| :--- | :--- |
| Payment \#2 | $\$$ |
| Payment \#3 | $\$$ |
| Payment \#4 | $\$$ |
| Payment \#5 | $\$$ |
| Other | $\$$ |

## Medical Debt

| Payment \#1 | $\$$ |
| :--- | :--- |
| Payment \#2 | $\$$ |
| Payment \#3 | $\$$ |
| Other | $\$$ |

## Student Loan Debt

| Payment \#1 | $\$$ |
| :--- | :--- |
| Payment \#2 | $\$$ |
| Payment \#3 | $\$$ |
| Other | $\$$ |

## Total Monthly Expenses



When your income exceeds your expenses, allocate the money left for savings or discretionary spending.
If your expenses are more than your income, examine your budget and identify areas where you can reduce expenses.

