

Monthly Budget

MONTH/WEEK: _____

Income	Amount Budgeted	Spent	Variance
Income 1			
Income 2			
Total			

Housing/Utilities	Due Date	Amount Budgeted	Spent	Variance
Rent/Mortgage				
Home Insurance				
Electricity				
Water/Garbage				
Internet				
Phone				
Total				

Debt	Due Date	Amount Budgeted	Spent	Variance
Student Loans				
Credit Card 1				
Credit Card 2				
Subscriptions				
Loan Payment 1				
Loan Payment 2				
Total				

Giving & Gifts	Due Date	Amount Budgeted	Spent	Variance
Church				
Charity				
Holidays				
Birthdays				
Total				

My Goals				

Food	Due Date	Amount Budgeted	Spent	Variance
Groceries				
Eating Out				

Transportation	Due Date	Amount Budgeted	Spent	Variance
Auto Expenses				
Gas				
Auto Loan				
Total				

Health/Misc.	Due Date	Amount Budgeted	Spent	Variance
Health Insurance				
Entertainment				
Clothes				
Beauty Products				
Medications/Prescriptions				
Medical Expenses				
Total				

Savings Accounts	Budget	Actual
Emergency		
Travel		
Retirement		
Auto		
Christmas/Gifts		
Total		

Totals

Total Income: _____

Total Budget: _____

Net Balance: _____

