

Monthly Budget

For the month of: _____

Starting Balance:
\$ _____

Starting Debt:
\$ _____

Monthly Income:
\$ _____



Expenses



Housing

	Budget	Spent
Rent/Mortgage Due: _____	\$ _____	\$ _____
Taxes Due: _____	\$ _____	\$ _____
Insurance Due: _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Transportation

	Budget	Spent
Car Payment Due: _____	\$ _____	\$ _____
Car Insurance Due: _____	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Utilities

	Budget	Spent
Electric Due: _____	\$ _____	\$ _____
Gas Due: _____	\$ _____	\$ _____
Sewer/Trash Due: _____	\$ _____	\$ _____
Internet Due: _____	\$ _____	\$ _____
Phone Due: _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Personal

	Budget	Spent
Entertainment	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Kid Supplies	\$ _____	\$ _____
Toiletries	\$ _____	\$ _____
Travel	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Food

	Budget	Spent
Grocery	\$ _____	\$ _____
Restaurant	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Medical

	Budget	Spent
Doctor Bills Due: _____	\$ _____	\$ _____
Medication	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Charitable

	Budget	Spent
Tithe	\$ _____	\$ _____
Charity	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Debts

	Budget	Spent
Credit Card 1 Due: _____	\$ _____	\$ _____
Credit Card 2 Due: _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____



Savings Plan



Starting Balance:
\$ _____

Monthly Goal:
\$ _____

Ending Balance:
\$ _____