Monthly Budget
Date __________

INCOME

Job income ___________
Money from home ___________
Savings ___________

Total Income ___________

EXPENSES

Rent ___________
Renter’s Insurance ___________
Heat & Electricity ___________
Telephone
   Land ___________
   Cell ___________
   Pager ___________
Cable ___________
Television ___________
Internet ___________

Transportation
   Car payment ___________
   Car Insurance ___________
   Gasoline ___________
   Bus/Cab Fare ___________

Credit Card Payments
   #1 ___________
   #2 ___________

Food/Drink
   Groceries ___________
   Restaurants ___________

School Expenses
   Books ___________
   Materials ___________

Laundry ___________

Child Care
   Daycare ___________
   Babysitting ___________

Clothes /Personal Items ___________
Recreation ___________
Miscellaneous ___________

OTHER EXPENSES ___________

Total Expenses ___________

Note: Total Monthly Income – Total Monthly Expenses = Money Left Over.