

Budget Sheet

Month: _____

Income

EXPECTED	ACTUAL	OTHER INCOME
\$	\$	\$

Mandatory Expenses

MORTGAGE/RENT	HOMEOWNER'S INSURANCE	UTILITIES	PROPERTY TAXES
\$	\$	\$	\$

CAR PAYMENT	CAR INSURANCE	GAS MONEY	TOLLS
\$	\$	\$	\$

HEALTH INSURANCE	PRESCRIPTIONS	CO-PAYS
\$	\$	\$

STUDENT LOANS	PERSONAL LOANS	DEBT
\$	\$	\$

PHONE BILL	CABLE/INTERNET	GROCERIES
\$	\$	\$

Savings

GENERAL SAVINGS	EMERGENCY SAVINGS	RETIREMENT SAVINGS	OTHER SAVINGS
\$	\$	\$	\$

Miscellaneous Expenses

ENTERTAINMENT	DINING OUT	CLOTHES/SHOES
\$	\$	\$

\$	\$	\$