

Budget Worksheet

NET MONTHLY INCOME: amount of income after taxes and deductions

Expense Type	Amount	Source
Income 1		
Income 2		
Income 3		
Other:		
TOTAL		

FIXED MONTHLY EXPENSES: doesn't change or changes only a small amount

Expense Type	Budget Amount	Actual Amount
Savings		
Rent/Mortgage		
Electric		
Water/Sewer		
Garbage Collection		
Car Payment		
Student Loan		
Childcare		
Medical/Dental Premiums		
Child Support/Alimony		
Club/Union Dues		
Remittance		
Other:		
Other:		
TOTAL		

FLEXIBLE MONTHLY EXPENSES: have some control over and can be adjusted

Expense Type	Budget Amount	Actual Amount
Cable/Satellite Television		
Internet Connection		
Landline/Cell Phone		
Groceries		
Lunch (School/Work)		
Eating Out		
Alcohol/Tabacco Products		
Lottery/Bingo		
Barber/Beauty Shop		
Personal Items/Toiletries		
Laundry/Dry Cleaning		
Household Items		
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FLEXIBLE MONTHLY EXPENSES: have some control over and can be adjusted

Expense Type	Budget Amount	Actual Amount
Gas/Public Transportation		
Religious Contributions		
Subscriptions/Membership Fees		
Pet Supplies		
Medical/Dental Co-Pays		
Medications		
Credit Card		
Credit Card		
Credit Card		
Spending Money		
Other:		
Other:		
TOTAL		

PERIODIC EXPENSES: not a regular monthly expense
(Annual Cost ÷ 12 months = Monthly Budget Amount)

Expense Type	Budget Amount	Actual Amount
Tuition/Education		
Car Insurance		
Car Tabs/Registration		
Car Repair/Maintenance		
Additional Medical/Vision		
Life/Disability Insurance		
Renter's Insurance		
Property Taxes		
Home Maintenance		
Holidays/Birthdays/Gifts		
Donations/Charity		
Sports Fee/Equipment		
Hobbies		
Vacations		
Clothing/Footwear		
Other:		
Other:		
TOTAL		

SUMMARY

Total Net Income		
Total Expenses		
DISCRETIONARY INCOME		