## Monthly Budgeting Worksheet

How to use this worksheet: follow the steps and fill in the budget items on this
worksheet. Fi you prefer, you can use our Excel spreadsheet, which will calculate
many of these values for you. The spreadsheet can be found online at
www.law.du.edu/financial-aid under the "Financial Literacy" section.
First enter Budgeted amounts and, at the end of the month, enter your actuals to
compare how well you did.
For expenses that are incurred more/less frequently than monthly, convert the
payment into a monthly amount for the budget. For instance, you can convert a
payment due every six months into a monthly amount by dividing it by six. Keep
the money budgeted for this expense seperate, so that it is available when the bill
comes due.

| 1. Calculate Your Monthly Income |  |  |  |
| :--- | :--- | :--- | :--- |
| Your Monthly Take Home Pay: | Budgeted | Actual | Difference |
| Spouse's Monthly Take Home Pay: |  |  |  |
| Interest Income: |  |  |  |
| Investment Income: |  |  |  |
| Other Income: |  |  |  |
| TOTAL MONTHLY INCOME: |  |  |  |


| 2. Calculate Your Monthly Expenses |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Budgeted | Actual | Difference |  | Budgeted | Actual | Difference |
| HOME |  |  |  | (column 1) SUBTOTAL: |  |  |  |
| Mortgage/Rent: |  |  |  | MISCELANEOUS |  |  |  |
| Home/Renter's Insurance: |  |  |  | Clothing: |  |  |  |
| Property Taxes: |  |  |  | Entertainment: |  |  |  |
| HOA Dues: |  |  |  | Laundry: |  |  |  |
| Home Repair/Maintenance: |  |  |  | Pet Food/Grooming/Vet: |  |  |  |
| UTILITIES |  |  |  | Toiletries/Household Products: |  |  |  |
| Electricity: |  |  |  | Hobbies: |  |  |  |
| Natural Gas/Oil: |  |  |  | Vacations: |  |  |  |
| Water/Sewer: |  |  |  | Other: |  |  |  |
| Phone: |  |  |  | Other: |  |  |  |
| Trash/Recycling: |  |  |  | DEBT PAYMENTS |  |  |  |
| Cable/Internet: |  |  |  | Student Loan Payments: |  |  |  |
| FOOD |  |  |  | Credit Card Payments: |  |  |  |
| Groceries: |  |  |  | Other Loan Payments: |  |  |  |
| Eating Out: |  |  |  | INVESTMENTS AND SAVINGS |  |  |  |
| Alcohol: |  |  |  | Retirement (if not deducted from pay): |  |  |  |
| FAMILY EXPENSES |  |  |  | College Fund: |  |  |  |
| Childcare/Babysitting: |  |  |  | Savings: |  |  |  |
| Child Support: |  |  |  | Emergency Fund: |  |  |  |
| Allowance: |  |  |  | Other: |  |  |  |
| HEALTH/MEDICAL |  |  |  | TOTAL MONTHLY EXPENSES: |  |  |  |
| Insurance (if not deducted from pay): |  |  |  |  |  |  |  |
| Doctor/Dentist/Prescriptions: |  |  |  | 3. Calculate Your Remainin | g Balance/ | hortfall |  |
| Fitness/Gym: |  |  |  |  | Budgeted | Actual | Difference |
| Other Health/Medical: |  |  |  | Total Monthly Income: |  |  |  |
| TRANSPORTATION |  |  |  | MINUS Total Monthly Expenses: |  |  |  |
| Car Payment: |  |  |  | REMAINING BALANCE/SHORTFALL: |  |  |  |
| Car Insurance: |  |  |  | REMANING BALANCE/SHORTFALL. |  |  |  |
| Gasoline: |  |  |  |  |  |  |  |
| Maintenance/Tolls: |  |  |  |  |  |  |  |
| Public Transportation: |  |  |  | If you have a remaining balance available, con cards or loans or increasing your savings rate. | ider paying <br> If you have | wn high ortfall, | rest credit |
| Other: |  |  |  | reducing your expenses, starting with non-ess | ntial items. |  |  |
| (column 1) SUBTOTAL: |  |  |  |  |  |  |  |

