

Monthly Budget

for _____

starting balance: _____

HOME	AMOUNT
Rent/Mortgage	
Repairs	

HOUSEHOLD	AMOUNT
Groceries	
Misc. Household	
Clothing	

TRANSPORTAION	AMOUNT
Auto Payment	
Insurance	
Gas	
Maintenance	

UTILITIES	AMOUNT
Gas	
Electricity	
Trash/Water	
Phone	
Internet	

MEDICAL	AMOUNT
Insurance	
Co-pays	
Medical Supplies	

ENTERTAINMENT	AMOUNT
Dining	

DEBT	AMOUNT
Credit Card #1	
Credit Card #2	
Student Loan	

OTHER	AMOUNT

ending balance: _____