Monthly Budgeting Worksheet

Use this worksheet to determine and track your income/spending plan for each month.
With this information, you can create a budget that will help you meet your needs to help reach your financial goals.

Total Income:	
Minus Total Expenses:	
Equals What's left:	

Monthly Net Income

Fill in your net income. Net income = Income remaining after taxes and withholding. (Include income from work, investments, self-employment, consulting, education funds, gifts, child support/alimony, other)

Total Monthly Income:	

Monthly Expenses

For your monthly expenses, fill in a budget amount. Then fill in when the expense occurs throughout the month. Expenses can be fixed, flexible and periodic. Fixed expense stays the same each month. Flexible expense varies from month to month. Periodic expense is typically paid 1 to 4 times a year. If you have periodic expenses, figure how much it is for a year and divide by 12 months.

Expense Categories	Budgeted Amount	Due Date	Week 1	Week 2	Week 3	Week 4	Week 5/ Other	Total
Housing:								
Rent/mortgage								
Trash/Sewer								
Telephone/Internet								
Property taxes								
Home/Rent Insurance								
Home Maintenance								
Electricity								
Heating								
Water								
Other Housing								
Total Housing:								
Transportation:								
Car/Truck Payment								
Parking								
Licensing/Registration Fees								
Auto Insurance								
Auto Maintenance								
Fuel								
Public Transportation								
Other Transportation								
Total Transporation:								

Food:								
Meal Plans	**Budgeted**	**Due**					**Week 5/**	
Groceries	**Amount**	**Date**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Other**	**Total**
Dining Out								
Beverages								
Pet Food								
Other Food								
Total Food:								
Debt Repayment:								
Student Loans								
Personal Loans								
Credit Cards								
Other Debt								
Total Debt Repayment:								
Entertainment:								
TV/Cable								
Travel								
Electronics								
Movies								
Music								
Subscriptions								
Books/Textbooks								
Hobbies								
Other Entertainment								
Total Entertainment:								
Savings:								
Retirement								
Emergency fund								
College								
Special Events								
Other Savings								
Total Savings:								
Health & Insurance:								
Health Insurance								
Life Insurance								
Pet Insurance								
Long-term Care Ins.								
Glasses/Contacts								
Medical visits								
Prescriptions								
Over-the-counter medicine								
Other health & Insurance								
Total Health & Ins.:								

Clothing:								
Uniforms								
Work	**Budgeted**	**Due**					**Week 5/**	
Casual	**Amount**	**Date**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Other**	**Total**
Accessories								
Dry Cleaning/Alterations								
Other Clothing								
Total Clothing:								
Personal & Family Care:								
Child Support								
Alimony								
Tuition								
School Supplies								
Daycare/Babysitters								
Hair/Nail Care								
Toiletries								
Other Care								
Total Personal & Family Care:								
Other:								
Memberships								
Donations								
Gifts								
Advisor Services								
Other Miscellaneous								
Total Other:								