MONTHLY BUDGET

STARTING BALANCE	STARTING DEBT	MONTHLY INCOME
$ _____	$ _____	$ _____

EXPENSES

HOUSING	BUDGET	SPENT
RENT/MORTGAGE	$	$
TAXES	$	$
INSURANCE	$	$
REPAIRS	$	$
TOTAL	$	$

TRANSPORTATION	BUDGET	SPENT
CAR PAYMENT	$	$
CAR INSURANCE	$	$
GAS	$	$
MAINTENANCE	$	$
TOTAL	$	$

UTILITIES	BUDGET	SPENT
ELECTRIC	$	$
GAS	$	$
SEWER/TRASH	$	$
INTERNET	$	$
PHONE	$	$
TOTAL	$	$

PERSONAL	BUDGET	SPENT
ENTERTAINMENT	$	$
CLOTHING	$	$
KID SUPPLIES	$	$
COSMETICS	$	$
MEDICAL	$	$
TOTAL	$	$

FOOD	BUDGET	SPENT
GROCERY	$	$
RESTAURANTS	$	$
TOTAL	$	$

MEDICAL	BUDGET	SPENT
DOCTOR BILLS	$	$
MEDICATION	$	$
TOTAL	$	$

CHARITY	BUDGET	SPENT
TITHES	$	$
CHARITY	$	$
TOTAL	$	$

DEBTS	BUDGET	SPENT
CC1 _____	$	$
CC2 _____	$	$
TOTAL	$	$

SAVINGS PLAN

STARTING BALANCE	MONTHLY GOAL	ENDING BALANCE
$ _____	$ _____	$ _____