

# MONTHLY BUDGET

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INCOME SOURCE	AMOUNT
<b>TOTAL INCOME</b>	

TOTALS	AMOUNT
TOTAL INCOME	
TOTAL EXPENSES	-
DIFFERENCE	
<b>AMOUNT LEFT OVER (should be 0 or positive)</b>	

FIXED EXPENSES	AMOUNT
Rent/mortgage	
Car Payment	
Utilities	
Groceries	
Phone/Internet	
Gas	
Transportation	
Insurance	
Property Taxes	
Investments	
Debt Repayment	
Savings	

OTHER EXPENSES	AMOUNT
Restaurant	
Entertainment	
Clothes	
Pets	
Personal Care	
Gifts	
Childcare	
Vacation	
Medication	
Other	
Other	
Other	

<b>TOTAL EXPENSES:</b>
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