

MONTHLY BUDGET *worksheet*

Month		
Income Source	Planned	Actual
Total A:		

Giving	Planned	Actual
Tithes		
Charity/Gifts		
Total B:		

Housing	Planned	Actual
Mortgage/Rent/HOA		
Taxes		
Insurance		
Repairs		
Total C:		

Transportation	Planned	Actual
Car Payment		
Car Insurance		
Gas		
Maintenance		
Total D:		

Personal	Planned	Actual
Personal Care Items		
Clothing		
Entertainment		
Insurance		
Pet Care		
Other:		
Total E:		

Food	Planned	Actual
Groceries		
Dining Out		
Total F:		

Utilities	Planned	Actual
Electric/Gas		
Trash		
Water		
Internet/Cable		
Subscriptions		
Phone		
Total G:		

Medical	Planned	Actual
Medical Bills		
Medicine		
Total H:		

Debt	Planned	Actual
Credit Card(s)		
Students Loans		
Other:		
Total I:		

Savings	Planned	Actual
Emergency Fund		
Travel Fund		
Other:		
Other:		
Total J:		

BALANCE	
	Income (A)
	Expenses (B+C+D+E+F+G+H+I+J)
	Income - Expenses: