

Monthly Budget

Income

Date	Amount	Source

Bills/Fixed Expenses

Description	Date	Amount
Rent/Mortgage		
Car Insurance		
Car Payment		
Cell Phone		
Electric		
Water/Garbage		
Gas (for house)		
Health Insurance		
Internet		
Credit Cards		

Variable Expenses

Description	Date	Amount
Groceries		
Gas (for car)		
Entertainment		
Eating Out		

Total

Total Income: _____

Total Bills/Fixed Expenses: _____

Total Variable Expenses: _____

Budget: _____

Actual: _____

Difference: _____

Notes: _____
