

BUDGET WORKSHEET

Budgeted Item	Amount Budgeted	Actual Spent
DONATIONS		
SAVINGS		
Emergency Fund		
Retirement Fund		
College Fund		
HOUSING		
First Mortgage or Rent		
Second Mortgage		
Real Estate Taxes		
Maintenance/Repairs		
Insurance		
UTILITIES		
Electricity		
Water		
Gas/Oil		
Sewer		
Trash		
Cable (or other)		
Internet		
Phone/Cell Phones		
FOOD		
<input type="checkbox"/> Groceries		
<input type="checkbox"/> Dining Out		
TRANSPORTATION		
Vehicle Payment #1		
Vehicle Payment #2		
Fuel		
Maintenance/Repairs		
Insurance		
CLOTHING		
<input type="checkbox"/> Adult		
<input type="checkbox"/> Children		
<input type="checkbox"/> Cleaning/Laundry		

Budgeted Item	Amount Budgeted	Actual Spent
HEALTH		
Health Insurance		
Dental Insurance		
Doctor Visits		
Dentist		
Optometrist		
Medicine		
PERSONAL		
Life Insurance		
<input type="checkbox"/> Child Care/Sitter		
<input type="checkbox"/> Toiletries		
<input type="checkbox"/> Household Items		
<input type="checkbox"/> Hair Care		
Education/Tuition		
<input type="checkbox"/> School Supplies		
Subscriptions		
<input type="checkbox"/> Organization Dues		
<input type="checkbox"/> Miscellaneous		
<input type="checkbox"/> Free Spending		
RECREATION		
<input type="checkbox"/> Entertainment		
Vacation		
ADDITIONAL DEBTS		
Credit Card #1		
Credit Card #2		
Credit Card #3		
Credit Card #4		
Personal Loan		

TOTAL INCOME

\$

TOTAL BUDGET

\$

NET BALANCE

(should zero)

\$