

Monthly Budget

Budgeted

Due Date

Spent

Difference

Rent: _____

Utilities: _____

Renter's Ins.: _____

Groceries: _____

Medical: _____

Phone: _____

Auto: _____

Insurance: _____

Gas: _____

Previous debt: _____

Personal Care: _____

Recreation: _____

Savings: _____

_____: _____

_____: _____

_____: _____

Totals: