

MONTHLY BUDGET

Month: _____

Starting Checking Balance: _____

Income: _____

Bills:

Rent/Mortgage: _____

Grocery: _____

Health Insurance: _____

Car Insurance: _____

Car Payments: _____

Electric: _____

Gas For House: _____

Gas For Cars: _____

Phone: _____

TV: _____

Internet: _____

Water: _____

Credit Card: _____

Extra Spending: _____

Expense: _____

Expense: _____

Expense: _____

Savings:

Starting Balance: _____

Deposit: _____

Deposit: _____

Extra Income: _____

Total Checking Balance: _____

Goals For Next Month: