



Name

Date

MONTHLY SPENDING

Mortgage/Rent _____
 Insurance _____
 Taxes _____
 Electricity _____
 Gas _____
 Water _____
 Sanitation _____
 Cable _____
 Telephone _____
 Cell Phone _____
 Pest Control _____
 Lawn Care _____
 Housekeeper _____
 Child Care _____
 Other _____

Total

MEDICAL

Doctor _____
 Dentist _____
 Drugs _____
 Medical Insurance _____
 Other _____

Total

FOOD & BEVERAGE

Groceries _____
 Lunches _____

Total

PERSONAL CARE & CASH

Toiletry _____
 Beauty/Barber _____
 Laundry/Cleaners _____
 Cash/ATM _____
 Gifts _____
 Allowances _____
 Ck. Acct Charges _____
 Other _____

Total

TRANSPORTATION

Payments _____
 Gas & Oil _____
 Auto Insurance _____
 Other _____

Total

**EDUCATION/
SELF-IMPROVEMENT**

Classes _____
 Private School _____
 Health Club _____
 Subscriptions _____
 Other _____

Total

DEBT INSTALLMENT PAYMENTS

Total

ENTERTAINMENT

Activities _____
 Dining Out _____
 Babysitter _____
 Pets _____
 Other _____

Total

**TITHE/CHARITABLE
CONTRIBUTIONS**

Total

SAVINGS

Total

ANNUAL EXPENSES

Household Maintenance _____
 Home Furnishings _____
 Car Maintenance & Repair _____
 Car Tags _____
 Clothing _____
 Trips _____
 Vacations _____
 Christmas Gifts _____
 Other _____

Total