

Monthly Budget Sheet

Month _____

Monthly Income \$ _____ Starting Balance \$ _____ Debt \$ _____

DESCRIPTION	AMOUNT	PAID
Housing		
Mortgage/Rent	\$	\$
Electricity/Gas	\$	\$
Telephone	\$	\$
Internet/Cable	\$	\$
Other household bills	\$	\$
Food		
Groceries	\$	\$
Restaurant	\$	\$
Transportation		
Car payment	\$	\$
Car insurance	\$	\$
Transit costs	\$	\$
Medical		
Doctor/dentist bills	\$	\$
Medication	\$	\$
Personal		
Clothing	\$	\$
Entertainment	\$	\$
Toiletries	\$	\$
Other	\$	\$
Debts		
Credit Card	\$	\$
Other debts	\$	\$
Monthly Total		