

# BUDGET *Worksheet*

BUDGETED ITEM	AMOUNT BUDGETED	AMOUNT SPENT
<b>DONATIONS</b>		
<b>SAVINGS</b>		
EMERGENCY FUND		
RETIREMENT FUND		
COLLEGE FUND		
<b>HOUSING</b>		
FIRST MORTGAGE OR RENT		
SECOND MORTGAGE		
REAL ESTATE TAXES		
MAINTENANCE		
INSURANCE		
<b>UTILITIES</b>		
ELECTRIC		
WATER		
GAS/OIL		
SEWER		
TRASH		
CABLE		
INTERNET		
CELL PHONE		
<b>FOOD</b>		
GROCERIES		
DINING OUT		
<b>TRANSPORTATION</b>		
VEHICLE PAYMENT #1		
VEHICLE PAYMENT #2		
FUEL		
MAINTENANCE		
INSURANCE		
<b>CLOTHING</b>		
ADULT		
CHILDREN		
CLEANING/LAUNDRY		

BUDGETED ITEM	AMOUNT BUDGETED	AMOUNT SPENT
<b>HEALTH</b>		
HEALTH INSURANCE		
DENTAL INSURANCE		
DOCTORS VISITS		
DENTIST		
OPTOMETRIST		
MEDICATIONS		
<b>PERSONAL</b>		
LIFE INSURANCE		
CHILD CARE		
TOILETRIES		
HOUSEHOLD ITEMS		
HAIR CARE		
EDUCATION/TUITION		
SCHOOL SUPPLIES		
SUBSCRIPTIONS		
ORGANIZATION DUES		
MISCELLANEOUS		
FREE SPENDING		
<b>RECREATIONAL</b>		
ENTERTAINMENT		
VACATION		
<b>ADDITIONAL DEBTS</b>		
CREDIT CARD #1		
CREDIT CARD #2		
CREDIT CARD #3		
CREDIT CARD #4		
PERSONAL LOANS		

TOTAL INCOME

TOTAL BUDGET

NET BALANCE

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TOTAL INCOME

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TOTAL BUDGET

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NET BALANCE

\$

