Monthly Budget: _____

MONEY IN	
Name	Amount
TOTAL INCOME	

SAVINGS GOAL			
Name	Amount Monthly	Current Amount	Goal Amount
Total Savings			

MONEY OUT	BUDGETED	ACTUAL AMOUNT
Rent/Mortgage		
Phone		
Gas/Electric		
Water		
Internet		
Groceries		
Fuel		
Entertainment		
Spending Money		
Medical		
Car Payment		
Life Insurance		
Car Insurance		
Misc		
Retirement		
Debt		
TOTAL EXPENSES		

TOTAL	
Money In:	_____
- Expenses:	_____
- Saving Deposits:	_____
Ending Balance:	_____

NOTES