

Monthly Budget

Month _____

INCOME

SPENDING

SAVINGS

LEFT OVER

INCOME

Source	Expected	Actual
Paycheck		

SAVINGS AND DEBT

Goal	Amount	Done
Emergency fund		☐
		☐
		☐
		☐

BILLS

Bill	Due date	Amount	Paid
Rent or mortgage			☐
Electricity			☐
Water			☐
Phone and internet			☐
Insurance			☐
			☐
			☐

SPENDING

Category	Budget	Spent	Difference
Groceries			
Gas and transport			
Eating out			
Household			
Kids and school			
Health			
Fun			
Gifts			
Other			

NOTES

NEXT MONTH I WILL
