

MONTHLY BUDGET

MONTH OF _____

TOTAL INCOME _____ OTHER INCOME / SAVINGS _____

EXPENSES ITEM	BUDGET	ACTUAL	DIFFERENCE	NOTES
<input type="checkbox"/> MORTGAGE/RENT				
<input type="checkbox"/> HOUSEHOLD MAINTENANCE				
<input type="checkbox"/> TAXES				
<input type="checkbox"/> INSURANCE				
<input type="checkbox"/> ELECTRICITY				
<input type="checkbox"/> WATER				
<input type="checkbox"/> SEWAGE				
<input type="checkbox"/> GAS				
<input type="checkbox"/> PHONE				
<input type="checkbox"/> TRASH				
<input type="checkbox"/> CABLE				
<input type="checkbox"/> CELL PHONE				
<input type="checkbox"/> GROCERIES				
<input type="checkbox"/> ENTERTAINMENT				
<input type="checkbox"/> CHARITY/DONATIONS				
<input type="checkbox"/> FUEL				
<input type="checkbox"/> AUTO INSURANCE				
<input type="checkbox"/> CAR PAYMENT				
<input type="checkbox"/> CHILD CARE				
<input type="checkbox"/> CREDIT CARDS/DEBT				
<input type="checkbox"/> LOANS				
<input type="checkbox"/> DINING OUT				
<input type="checkbox"/> SPORTING EVENTS				
<input type="checkbox"/> LIVE THEATER				
<input type="checkbox"/> CONCERTS				
<input type="checkbox"/> MOVIES				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
TOTAL EXPENSES				