Monthly Budget for:
Date:

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Sources of Income	Monthly (net)	Categories	
		Fixed Expenses	$ -
		Transportation	$ -
		Discretionary	$ -
		Debt Payments	$ -
		Financial Planning	$ -
Total monthly income	$ -	**Total Expenses**	$ -
		Total income minus total expenses =	**$ -**

***Note: where expenses are annual, they have been divided by 12 to convert to a monthly amount*

Fixed Expenses

Rent or Mortgage	
Property tax or Strata fees	
Telephone	
Cable	
Heat, Water and all other utilities	
Home and Yard Maintenance/Repair	
Home Insurance	
Food/Groceries/Household items	
Personal care/Hair/Cosmetics	
Clothing	
Medical	
Dental	
Cel phone for ___ people	
Child care	
Pet care	

Transportation

Gas for ___ vehicles	
Insurance for ___ vehicles	
Auto maintenance and repairs	
Parking	
Public Transit/Taxis	

Discretionary

Entertainment	
Eating out	
Hobbies	
Holidays	
Gifts (Birthdays, Christmas)	
Cigarettes/Alcohol	

Debt payments

Loan or Line of Credit	
Credit Card payments	
Auto payments for ___ vehicles	

Financial Planning

Short Term Savings/Emergency	
Medium Term Savings/Goals	
Long Term/Retirement Savings	
Life and Disability Payments	
Savings for Taxes	

Questions / Comments