

Our Budget

Utilities

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Electricity					
Water Bill					
Phone Service					
Internet Fee					

Family Expense

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Day Care					
Child Support					
Child					
Child Support / Fee					
Day Care					

Personal Care

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Gasoline					
Car Wash					
Car Insurance					
Car Wash					
Car Wash					
Car Wash					

Tuition and Gifts

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Tuition					
Gifts / Allowance					
Allowance					

Entertainment

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Expenses					
Movie / Entertainment					
Movie					
Game					

Totals for Expenses

Amount to be covered by transfers or other sources: \$ _____

Our Budget

Home

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Electricity					
Water / Sewerage					
Gasoline					
Internet Fee					

Utilities

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Electricity					
Water / Sewerage					
Gas / Oil					
Phone / Internet					
Phone / Internet					
Child / Support					
Child					

Transportation

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Gasoline					
Car Wash					
Car Insurance					

Education

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Tuition					
Gifts / Allowance					
Allowance					

Payments

Item	Monthly Expense/Rate	Amount Estimated	Amount Spent	Actual Expense	Difference
Expenses					
Movie / Entertainment					
Movie					
Game					

Totals for Credits

Category	Amount	Difference
Transfers		
Other		

Amount to be covered by transfers or other sources: \$ _____

Monthly Spending

Month: _____ Year: _____

	Week 1	Week 2	Week 3	Week 4	Week 5
Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Personal Care	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tuition / Gifts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Medical Needs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Total	\$ _____				