

MONTH: _____

EXPENSES	GOAL PER MONTH	AVERAGE PER MONTH	NOTES
RENT			
GAS			
ELECTRIC			
HOMEOWNER'S INSURANCE			
WATER			
GARBAGE			
INTERNET			
CELL PHONE/LANDLINE			
GROCERIES			
HEALTH INSURANCE			
PRESCRIPTIONS			
OPTOMETRIST/LENSES			
DENTIST/ORTHODONTIST			
VEHICLE PAYMENT #1			
AUTO INSURANCE			
REGISTRATION			
GASOLINE			
MAINTENANCE/REPAIRS			
PUBLIC TRANSPORTATION			
DINING OUT			
HOBBIES			
MOVIES			
LAUNDRY			
BEAUTY/COSMETICS			

INCOME
TOTAL:

TOTAL MONTHLY INCOME
INCOME
EXPENSES
PROFIT:
<small>SUBTRACT EXPENSES FROM TOTAL INCOME</small>

NOTES