

MONTHLY BUDGETING WORKSHEET

Use this worksheet to develop your monthly budget and track your income and expenses each month. At the end of each month, review how well you are doing and make adjustments.

| | |
|------------------|--|
| Total Income - | |
| Total Expenses = | |
| What's Left | |

Month/Year:

MONTHLY NET INCOME

Fill in your net income. Net income = Income remaining after taxes.

(Include income from work/job, investments, self-employment, consulting, education funds, gifts, child support/alimony, other)

| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Other | Income Total |
|--------|--------|--------|--------|--------|-------|--------------|
| | | | | | | |

MONTHLY EXPENSES

For your monthly expenses fill in a budgeted amount. Then fill in when the expense occurs throughout the month. Expenses are categorized as fixed, flexible and periodic. A fixed expense (**green**) stays the same each month, while a flexible expense (**blue**) varies from month to month.

Periodic expenses (**beige**) typically are paid 1-4 times a year instead of monthly. To determine a monthly expense for a periodic or flexible expense, add up the amounts you paid for that expense over the last 12 months and divide the total by 12.

| Expense Categories | | Budgeted Amount | Due Date | 1st Week | 2nd Week | 3rd Week | 4th Week | 5th Week/ Other | Total (Should = Budgeted Amt) |
|-----------------------|-----------------------|-----------------|----------|----------|----------|----------|----------|-----------------|-------------------------------|
| Housing | Rent/Mortgage | | | | | | | | |
| | Trash/Sewer | | | | | | | | |
| | Telephone/Internet | | | | | | | | |
| | Property Taxes | | | | | | | | |
| | Home/Rent Insurance | | | | | | | | |
| | Home Maintenance | | | | | | | | |
| | Electricity | | | | | | | | |
| | Heating | | | | | | | | |
| | Water | | | | | | | | |
| | Other Housing | | | | | | | | |
| | Total | | | | | | | | |
| Transportation | Car/Truck Payment | | | | | | | | |
| | Parking | | | | | | | | |
| | Licensing/Regis. Fees | | | | | | | | |
| | Auto Insurance | | | | | | | | |
| | Auto Maintenance | | | | | | | | |
| | Gas | | | | | | | | |
| | Public Transport. | | | | | | | | |
| | Other Transportation | | | | | | | | |
| | Total | | | | | | | | |
| Food | Meal Plans | | | | | | | | |
| | Groceries | | | | | | | | |
| | Dining Out | | | | | | | | |
| | Beverages | | | | | | | | |
| | Pet Food | | | | | | | | |
| | Other Food | | | | | | | | |
| | Total | | | | | | | | |
| Debt | Student Loans | | | | | | | | |
| Repayment | Personal Loans | | | | | | | | |
| | Credit Cards | | | | | | | | |
| | Other Debt | | | | | | | | |
| | Total | | | | | | | | |
| Entertainment | TV Service | | | | | | | | |
| | Travel | | | | | | | | |
| | Electronics | | | | | | | | |
| | Movies | | | | | | | | |
| | Music | | | | | | | | |
| | Subscriptions | | | | | | | | |
| | Books (Textbooks) | | | | | | | | |
| | Hobbies | | | | | | | | |
| | Other Entertainment | | | | | | | | |
| | Total | | | | | | | | |

*Note that listed expenses have been placed into typical fixed, flexible and periodic categories. You may adjust expenses and categories to fit your budget needs.

| | | | | | | | | | |
|--------------------------|--------------------------|--|--|--|--|--|--|--|--|
| Savings | Retirement | | | | | | | | |
| | Emergency Fund | | | | | | | | |
| | College | | | | | | | | |
| | Special Events | | | | | | | | |
| | Other Savings | | | | | | | | |
| | Total | | | | | | | | |
| Health | Health Insurance | | | | | | | | |
| & Insurance | Life Insurance | | | | | | | | |
| | Pet Insurance | | | | | | | | |
| | Long-term Care Ins. | | | | | | | | |
| | Glasses/Contacts | | | | | | | | |
| | Medical Visits | | | | | | | | |
| | Prescriptions | | | | | | | | |
| | Over-the-counter Meds. | | | | | | | | |
| | Other Health & Ins. | | | | | | | | |
| | Total | | | | | | | | |
| Clothing | Uniforms | | | | | | | | |
| | Work | | | | | | | | |
| | Casual | | | | | | | | |
| | Accessories | | | | | | | | |
| | Dry Cleaning/Alterations | | | | | | | | |
| | Other Clothing | | | | | | | | |
| | Total | | | | | | | | |
| Personal | Child Support | | | | | | | | |
| & Family Care | Alimony | | | | | | | | |
| | Tuition | | | | | | | | |
| | School Supplies | | | | | | | | |
| | Daycare/Babysitters | | | | | | | | |
| | Hair/Nail Care | | | | | | | | |
| | Toiletries | | | | | | | | |
| | Other Care | | | | | | | | |
| | Total | | | | | | | | |
| Other | Memberships | | | | | | | | |
| | Donations | | | | | | | | |
| | Gifts | | | | | | | | |
| | Advisor Services | | | | | | | | |
| | Other Misc. | | | | | | | | |
| | Total | | | | | | | | |
| Grand Total | | | | | | | | | |

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