Monthly Budget

Month: _____ Year: _____

Income	Planned	Actual	Difference	Notes
Paycheck 1				
Paycheck 2				
Other income				
Total income				

Expenses	Planned	Actual	Difference	Notes
Rent or mortgage				
Electricity				
Water				
Gas or heating				
Internet				
Phone				
Groceries				
Eating out				
Fuel or transit				
Car payment				
Car insurance				
Health insurance				
Medical				
Childcare				
Debt payments				
Savings				
Subscriptions				
Clothing				
Entertainment				
Gifts and donations				
Total expenses				

Left over (income minus expenses)		