

MONEY MANAGEMENT SYSTEM

Month: _____ Year: _____

Expenses	Amount Budgeted Monthly	Track Your Actual Budget					Actual Total
		Week 1	Week 2	Week 3	Week 4	Week 5	
HOUSING							
First Mortgage/Rent							
Second Mortgage							
Property Taxes							
Home/Rent Insurance							
Home Owner Fees							
Home Maintenance							
Other _____							
UTILITIES							
Gas							
Electric							
Telephone Landline							
Cell Phones							
Internet/Cable							
Water/Sewage							
Other _____							
TRANSPORTATION							
All Vehicle Payments							
Vehicle Gas							
Vehicle Insurance							
Vehicle Maintenance							
Bus							
Parking							
Other _____							
SAVINGS							
Savings/Investments							
Emergency Savings							
Other _____							
DEBT							
Total Credit Cards							
Misc. Debt							
Student Loans							
Medical Debts							
Chapter 13 Payment Plan							
Other _____							
LIVING EXPENSES							
Groceries							
Work Lunch							
School Lunch							
Household/Toiletries							
Tobacco/Alcohol							
Life Insurance							
Health Insurance							
Medical/Doctor							
Dental							
Medications							
Clothing							
Laundry/Dry-cleaning							
Hair/Nails							
Pet							
Children's Allowance							
Tuition/Books							
Movies/Concerts							
Misc. Entertainment							
Dining Out							
Holidays/Birthdays							
Church/Donations							
Sports/Recreation							
Hobbies							
Alimony/Support							
Childcare							
Trips/Vacations							
Other _____							

MONTHLY INCOME	TOTAL MONTHLY EXPENSE	BUDGET SURPLUS/DEFICIT
Include after tax income: wages, part-time, government assistance, pension, or social security.	Subtract from Monthly Income.	
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>