

Monthly Budget Sheet

Income

Take Home Pay _____
Dividends _____
Investments _____
Gifts _____
Other _____
Total = _____

Primary Needs

Donations/Tithe _____
Mortgage/Rent _____
Electric _____
Heat _____
Groceries _____
Gas _____
Phone _____
Insurance (Health) _____
Insurance (Life) _____
Insurance (Home) _____
Insurance (Car) _____
Other _____
Total = _____

Short Term Savings

Vacation _____
Christmas _____
Gifts _____
Other Savings Goals _____
Total = _____

Debt Repayment

Credit Card(s) _____
Car Payment _____
Student Loan _____
Private Loan _____
Other _____
Total = _____

Long Term Savings

Retirement Fund _____
Emergency Fund _____
New Car Fund _____
College Fund _____
Other Savings Goals _____
Total = _____

Secondary Needs

Education _____
Tuition _____
Prescriptions _____
Kids' Activities _____
Clothing _____
Dining Out _____
Entertainment _____
Personal Care _____
Cable/Satellite _____
Other _____
Total = _____

Financial Summary

Income \$ _____
minus
Debt Repayment \$ _____
Primary Needs \$ _____
Secondary Needs \$ _____
Short Term Savings \$ _____
Long Term Savings \$ _____
Bottom Line \$ _____

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Money Expenditure Log

Date	What you purchased	Spent	Budget Category

Date	What you purchased	Spent	Budget Category

