

## Monthly Income / Expense Record

Expense	Due Date	Present Amount	Projected Future Amount
Rent/Mortgage			
Gas/Oil			
Electric			
Water/Sewage			
Phone			
Life Insurance			
Car Insurance			
Taxes (if not included in mortgage)			
Homeowner's/Tenant Insurance (if not included in mortgage)			
Installment loan with _____			
Installment loan with _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Charge Account _____			
Food-Grocery Store			
Auto expenses			
Gasoline/Transportation			
Medical (doctor, dentist, eye care, prescriptions)			
Daycare			
Lunches/snacks, coffee, etc.			
Cable TV			
Pay per view, video rental			
Dry cleaning, laundry			
Education expenses (including books)			
Church/religious donations			
Other donations			
Pet expenses			
Barber/hair salon			
Allowances (including children)			
Cigarettes/beverages (including alcoholic)			
Newspaper/magazines, etc.			
Entertainment (including babysitting expense)			
Fast Food			
Clubs, sports hobbies			
New clothing/shoes			
College Funds			
Gifts-Birthdays, anniversaries			
Gifts-Holidays			
Emergency Savings			
Saving for _____			
Other Expenses			

\_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total Net Income                      Total Expenses