

Month _____

Income

Paycheck \$ _____

Paycheck \$ _____

Other Income \$ _____

Other Income \$ _____

Total Income \$ _____

Expenses

Regular (fixed)

Regular (not fixed)

Misc.

Giving \$ _____

Groceries \$ _____

\$ _____

Savings \$ _____

Medical \$ _____

Mortgage/Rent \$ _____

Gas \$ _____

Car \$ _____

Phone \$ _____

Insurance \$ _____

Water \$ _____

TV/Internet \$ _____

Electric \$ _____

Clothes \$ _____

Sub Total \$ _____

\$ _____

\$ _____

Total Expenses \$ _____

Net for Month (Income minus Expenses) \$ _____