

It's My Money

P. DIXON CONSULTING

MONTHLY BUDGET SHEET

DATE: _____

This form requires Adobe Acrobat DC Reader. Download the free application from www.adobe.com.

1. INCOME: NET PAYCHECK \$ _____ + SIDE HUSTLE: \$ _____ **Total:** \$ _____

2. EXPENSES:

BUDGET
The amount you planned to spend.

ACTUAL
The amount you spent.

SAVINGS: – (try to automate this) \$ _____ \$ _____

TITHES \$ _____ \$ _____

LIFE INSURANCE \$ _____ \$ _____
(Separate from your employer)

FOOD – (Groceries) \$ _____ \$ _____

EATING OUT – (Lunch) \$ _____ \$ _____

EATING OUT – (Dinner) \$ _____ \$ _____

COFFEE \$ _____ \$ _____

CELLPHONE \$ _____ \$ _____

MORTGAGE/RENT \$ _____ \$ _____

UTILITES:

Lights \$ _____ \$ _____

Gas/Heat \$ _____ \$ _____

Cable/Wi-Fi \$ _____ \$ _____

Water \$ _____ \$ _____

Trash - (if paid separately) \$ _____ \$ _____

TRANSPORATION:

Car Payment/Metro Card /Bus Pass \$ _____ \$ _____

Car Insurance \$ _____ \$ _____

Car Taxes \$ _____ \$ _____

GAS FOR CAR \$ _____ \$ _____

CREDIT CARDS:

Credit Card #1 \$ _____ \$ _____

Credit Card #2 \$ _____ \$ _____

STUDENT LOANS:

Loan #1 \$ _____ \$ _____

Loan #2 \$ _____ \$ _____

MISCELLANEOUS:

Clothes Shopping \$ _____ \$ _____

Hair (Done/Cut) \$ _____ \$ _____

Nails \$ _____ \$ _____

Toiletries \$ _____ \$ _____

Movies \$ _____ \$ _____

Birthday Gifts \$ _____ \$ _____

Day Care \$ _____ \$ _____

Laundry \$ _____ \$ _____

Vacation \$ _____ \$ _____

TOTAL \$ _____ \$ _____

3. ACTUAL AMOUNT LEFT OVER - Deduct Total Expenses in Section 2 from Total Net Income in Section 1. \$ _____