

NAME(S) \_\_\_\_\_ BUDGET MONTH \_\_\_\_\_

INCOME SOURCE	BUDGETED	ACTUAL	DIFFERENCE
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

EXPENSES	BUDGETED	ACTUAL	DIFFERENCE
<u>FIXED</u>			
Mortgage or Rent	_____	_____	_____
Savings	_____	_____	_____
Revolving Savings	_____	_____	_____
Loans _____	_____	_____	_____
_____	_____	_____	_____
Insurance	_____	_____	_____
Other _____	_____	_____	_____
SUB-TOTAL	_____	_____	_____

<u>VARIABLE</u>			
Food - Groceries	_____	_____	_____
Eating Out	_____	_____	_____
Utilities - Natural Gas	_____	_____	_____
Electricity	_____	_____	_____
City	_____	_____	_____
Telephone	_____	_____	_____
Other	_____	_____	_____
Auto Gasoline	_____	_____	_____
Household/Personal Care	_____	_____	_____
Clothing	_____	_____	_____
Laundry/Dry Cleaning	_____	_____	_____
Medical Bills/Prescriptions	_____	_____	_____
Personal Allowance	_____	_____	_____
Entertainment	_____	_____	_____
Contributions	_____	_____	_____
Miscellaneous	_____	_____	_____
Other _____	_____	_____	_____
SUB-TOTAL	_____	_____	_____
EXPENSE TOTAL	_____	_____	_____