

# MONTHLY EXPENSES - BUDGETED VS ACTUAL

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|   | BUDGETED        | ACTUAL          |
|---|-----------------|-----------------|
| Mortgage / Rent / Condo Fees . . . . .                          | \$ _____        | \$ _____        |
| Auto: Gas / Maintenance / Repairs . . . . .                     | _____           | _____           |
| Child Care . . . . .  | _____           | _____           |
| Clothing . . . . .  | _____           | _____           |
| Commuting (other than Auto). . . . .                            | _____           | _____           |
| Dining / Entertainment / Hobbies / Recreation / Vacations       | _____           | _____           |
| Education (other than Student Loans) . . . . .                  | _____           | _____           |
| Gifts / Donations. . . . .                                      | _____           | _____           |
| Groceries: Food / Household Supplies . . . . .                  | _____           | _____           |
| Household Maintenance / Repairs . . . . .                       | _____           | _____           |
| Insurance Premiums: Auto . . . . .                              | _____           | _____           |
| Disability . . . . .  | _____           | _____           |
| Home / Property . . . . .                                       | _____           | _____           |
| Life / Accident . . . . .                                       | _____           | _____           |
| Medical / Dental / Medicare . . . . .                           | _____           | _____           |
| Other . . . . .   | _____           | _____           |
| Loan Payments: Auto . . . . .                                   | _____           | _____           |
| Credit Cards / Charge Accounts . . . . .                        | _____           | _____           |
| Home Equity . . . . .   | _____           | _____           |
| Student Loans . . . . .   | _____           | _____           |
| Magazines / Newspapers / Books . . . . .                        | _____           | _____           |
| Medical / Dental Expenses not paid by insurance . . . . .       | _____           | _____           |
| Personal Care (Hair / Cosmetics / etc.) . . . . .               | _____           | _____           |
| Pet Food / Care. . . . .  | _____           | _____           |
| Retirement Plan Contributions (IRA, 401k, 403b, etc.) . . . . . | _____           | _____           |
| Savings / Investments . . . . .                                 | _____           | _____           |
| Taxes: Income - Federal / State / Local . . . . .               | _____           | _____           |
| Property - Real Estate / Personal . . . . .                     | _____           | _____           |
| Utilities: Cable / Satellite TV . . . . .                       | _____           | _____           |
| Electric . . . . .  | _____           | _____           |
| Garbage . . . . .   | _____           | _____           |
| Heating - Gas / Oil / Other . . . . .                           | _____           | _____           |
| Telephone . . . . .   | _____           | _____           |
| Water . . . . .   | _____           | _____           |
| Other Expenses. . . . .   | _____           | _____           |
| <b>TOTAL EXPENSES . . . . .</b>                                 | <b>\$ _____</b> | <b>\$ _____</b> |