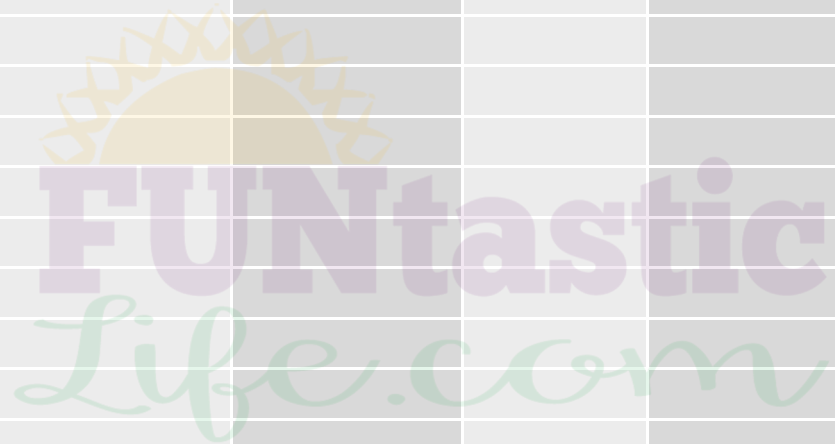


Budget for the Month of _____

Income				
Type:				
Type:				
Type:				
Total				
	Budget Amount	Amount Spent	Difference	Notes
Expenses				
Housing				
Taxes				
Home Insurance				
Electricity				
Water/Sewage				
Gas (Home)				
Trash				
Phone				
Cable				
Internet				
Groceries				
Cell Phone				
Car Payment				
Auto Insurance				
Gas (Auto)				
Child Care				
Health Insurance				
Life Insurance				
Donations/Charity				
Credit Cards/Loan				
Entertainment				
Clothing				
Child Support/Alimony				
Other:				
Other:				
Savings				
Retirement/College				
Other:				
TOTALS				



Income Earned _____ - Expenses _____ = _____