

Budget for _____

Date: _____

Monthly Income	Amount	Monthly Expenses	Planned	Actual
Income		Mortgage/Rent		
Income		Tithes & Offerings		
Other		Savings (401K, etc.)		
Other		Utilities (Water & Electricity)		
		Gas Bill (House)		
Total Income		Groceries		
		Insurance		
		Medical Bills		
		Internet		
		Phone		
		Gas (Auto)		
		Car Payment		
		Credit Card Payment		
		Credit Card Payment		
		Other (_____)		
		Other (_____)		
		Other (_____)		
		Other (_____)		
		Other (_____)		
		Other (_____)		
		Other (_____)		
Total Income		Other (_____)		
Total Expenses		Other (_____)		
Balance		Total Expenses		