Monthly Budget

Items	Budget Amount	Actual Amount	Difference	Notes
Income				
Income Total				
Other Income				
Expenses				
Tithes				
Charity/Donations				
Mortgage/Rent				
Household Maintenance				
Taxes				
Insurance				
Auto Insurance				
Car Payment				
Credit Cards/Debt				
Loans				
Electricity				
Water				
Sewage				
Gas				
Phone				
Trash				
Cable				
Cell Phone				
Groceries				
Entertainment				
Fuel				
Clothing				
Child Support				
Child Care				
Savings				
Retirement				
College				
Basic/Other				
Totals				

Total Income _____ Total Expenses $_____