

# Monthly Budgeting Worksheet

Use this worksheet to determine and track your income/spending plan for each month. Once you have this information, log into the Financial Literacy Online Budgeting course at [www.nslpflonline.org](http://www.nslpflonline.org) to learn more about budgeting and to create a budget that will help you meet your needs and fulfill your financial goals.

Total Income	<input type="text"/>
- Total Expenses	<input type="text"/>
= What's Left	<input type="text"/>

Month/Year:

## MONTHLY NET INCOME

Fill in your net income. Net income = Income remaining after taxes. (Include income from work/job, investments, self-employment, consulting, education funds, gifts, child support/alimony, other)

	Week 1	Week 2	Week 3	Week 4	Week 5	Other	Income Total
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## MONTHLY EXPENSES

For your monthly expenses fill in a budgeted amount. Then fill in when the expense occurs throughout the month. Expenses are categorized as fixed, flexible and periodic. A fixed expense (green) stays the same each month, while a flexible expense (blue) varies from month to month. Periodic expenses (yellow) typically are paid 1-4 times a year instead of monthly. To determine a monthly expense for a periodic or flexible expense, add up the amounts you paid for that expense over the last 12 months and divide the total by 12.

Expense Categories		Budgeted Amount	Due Date	1st Week	2nd Week	3rd Week	4th Week	5th Week/ Other	Total <small>(Should equal Budgeted Amount)</small>
Housing	Rent/Mortgage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Trash/Sewer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Telephone/Internet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Property Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home/Rent Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Electricity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Heating	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Water	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other Housing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Total Housing</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation	Car/Truck Payment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Parking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Licensing/Regis. Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Auto Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Auto Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fuel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Public Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Transportation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Food	Meal Plans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Groceries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Dining Out	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Beverages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pet Food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other Food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Total Food</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Debt Repayment	Student Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Personal Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Credit Cards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Other Debt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Total Debt Repayment</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Note that listed expenses have been placed into typical fixed, flexible and periodic categories. You may adjust expenses and categories to fit your budget needs.

# Monthly Budgeting Worksheet

Expense Categories		Budgeted Amount	Due Date	1st Week	2nd Week	3rd Week	4th Week	5th Week/ Other	Total
Entertainment	TV Service								
	Travel								
	Electronics								
	Movies								
	Music								
	Subscriptions								
	Books (Textbooks)								
	Hobbies								
	Other Entertainment								
	<b>Total Entertainment</b>								
Savings	Retirement								
	Emergency Fund								
	College								
	Special Events								
	Other Savings								
	<b>Total Savings</b>								
Health & Insurance	Health Insurance								
	Life Insurance								
	Pet Insurance								
	Long-term Care Ins.								
	Glasses/Contacts								
	Medical Visits								
	Prescriptions								
	Over-the-counter Meds.								
	Other Health & Ins.								
	<b>Total Health &amp; Ins.</b>								
Clothing	Uniforms								
	Work								
	Casual								
	Accessories								
	Dry Cleaning/Alterations								
	Other Clothing								
	<b>Total Clothing</b>								
Personal & Family Care	Child Support								
	Alimony								
	Tuition								
	School Supplies								
	Daycare/Babysitters								
	Hair/Nail Care								
	Toiletries								
	Other Care								
	<b>Total Pers. &amp; Fam. Care</b>								
Other	Memberships								
	Donations								
	Gifts								
	Advisor Services								
	Other Misc.								
	<b>Total Other</b>								
<b>TOTALS</b>									

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