

# Monthly Budget

## Income

Date	Amount	Source

## Bills/Fixed Expenses

Description	Date	Amount
Rent/Mortgage		
Car Insurance		
Car Payment		
Cell Phone		
Electric		
Water/Garbage		
Gas (for house)		
Health Insurance		
Internet		
Credit Cards		

## Variable Expenses

Description	Date	Amount
Groceries		
Gas (for car)		
Entertainment		
Eating Out		

## Total

Total Income \_\_\_\_\_

Total Bills/Fixed Expenses \_\_\_\_\_

Total Variable Expenses \_\_\_\_\_

Budget \_\_\_\_\_

Actual \_\_\_\_\_

Difference \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_