Expense Sheet

Record the total amount you now spend in each applicable category. Estimate where necessary, but be as precise as possible. Column 1 is the amount, Column 2 is for ho often you make the payment, and Column 3 is for the formulated monthly cost.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Item** | **How Much** | **How Often** | **Monthly Amount** |
| ***Housing*** |  |  |  |
| Rent, mortgage |  |  |  |
| Insurance |  |  |  |
| Taxes |  |  |  |
| Electricity |  |  |  |
| Gas |  |  |  |
| Water |  |  |  |
| Sanitation |  |  |  |
| Telephone |  |  |  |
| Cable |  |  |  |
| Internet |  |  |  |
| Maintenance |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| ***Automobile*** |  |  |  |
| Payment – 1 |  |  |  |
| Payment – 2 |  |  |  |
| Insurance |  |  |  |
| Gas |  |  |  |
| Maintenance |  |  |  |
| License/Taxes |  |  |  |
| Other: |  |  |  |
| Other Transportation |  |  |  |
| ***Insurance*** |  |  |  |
| Life |  |  |  |
| Medical |  |  |  |
| Other: |  |  |  |
| ***Financial Planning*** |  |  |  |
| Savings |  |  |  |
| Investments |  |  |  |
| Retirement |  |  |  |
| College Savings |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Item** | **How Much** | **How Often** | **Monthly** |
| ***Food*** |  |  |  |
| Groceries |  |  |  |
| School lunches |  |  |  |
| Eating out |  |  |  |
| Other: |  |  |  |
| ***Debts*** |  |  |  |
| Credit Card 1 |  |  |  |
| Credit Card 2 |  |  |  |
| Credit Card 3 |  |  |  |
| Loan |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| ***Medical*** |  |  |  |
| Doctor |  |  |  |
| Doctor |  |  |  |
| Dentist |  |  |  |
| Prescriptions |  |  |  |
| Other: |  |  |  |
| ***Children*** |  |  |  |
| Tuition |  |  |  |
| Child Care |  |  |  |
| Activities/Sports |  |  |  |
| Babysitter |  |  |  |
| Academic materials |  |  |  |
| Hair cuts |  |  |  |
| Clothing |  |  |  |
| Allowance |  |  |  |
| Child support paid out |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| ***Recreation/Entertainment*** |  |  |  |
| Activities |  |  |  |
| Vacations/Trips |  |  |  |
| Subscriptions |  |  |  |
| Club Membership |  |  |  |
| Other: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **How Much** | **How Often** | **Monthly** |
| ***Adults*** |  |  |  |
| Barber |  |  |  |
| Beauty Salon |  |  |  |
| Clothing |  |  |  |
| Cell phone |  |  |  |
| Alimony paid out |  |  |  |
| Toiletries |  |  |  |
| Cosmetics |  |  |  |
| Union/Club dues |  |  |  |
| Counseling/Therapy |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| ***Miscellaneous*** |  |  |  |
| Pet Food |  |  |  |
| Pet Care |  |  |  |
| Cleaning supplies |  |  |  |
| Laundry supplies |  |  |  |
| ‘Paper’ goods |  |  |  |
| Postage |  |  |  |
| Film/Photos |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| ***Gifts*** |  |  |  |
| Monetary donations |  |  |  |
| Christmas/Holiday |  |  |  |
| Birthdays/Anniversaries |  |  |  |
| Cards |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
|  |  |  |  |
|  |  | Aprox.total/month | $ |