

WEEKLY EXPENSE WORKSHEET

Item	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Weekly Expenses	Weekly Budget	Over / Under
Groceries										
Restaurants/ take-out										
Laundry/dry cleaning										
Medical/dental										
Auto/gas/ parking										
Other Transportation										
Babysitting										
Personal care										
Clothing										
Bank fees/ postage										
Entertainment										
Books/music/ video										
Cigarettes/ alcohol										
Gifts/cards										
Home/garden										
Contributions										
Other										
Other										
Other										
Other										
Weekly Totals										

Budget Overview:

Income _____ Expenses _____ Balance (+/-) _____

MONTHLY EXPENSE WORKSHEET

Item	Week 1	Week 2	Week 3	Week 4	Week 5	Total Monthly Expenses	Monthly Budget	Over / Under
Savings								
Groceries								
Restaurants/ take-out								
Laundry/dry cleaning								
Medical/dental								
Auto/gas/ parking								
Other transportation								
Babysitting								
Personal care								
Clothing								
Bank fees/ postage								
Entertainment								
Books/music/ video								
Cigarettes/ alcohol								
Gifts/cards								
Home/garden								
Contributions								
Other								
Other								
Other								
Monthly Totals								

Budget Overview:

Income _____ Expenses _____ Balance (+/-) _____