

BUDGET FORM

Budgeted Item	Amount Budgeted	Actual Spent
OFF THE TOP		
Tithes 10%		
Savings		
Emergency Fund		
Retirement Fund		
HOUSING		
Mortgage/Rent		
HOA		
Taxes		
Insurance		
UTILITIES		
Electricity		
Water		
Natural Gas/Oil		
Trash		
Phone		
Cable/ Internet		
FOOD		
Groceries		
Dining Out		
Date Nights		
TRANSPORTATION		
Payment (s)		
Fuel		
Insurance		
CLOTHING		
Dry Cleaning		

Budgeted Item	Amount Budgeted	Actual Spent
HEALTH		
HEALTH INSURANCE		
DENTAL INSURANCE		
VISION INSURANCE		
MEDICINE		
CO-PAYS		
LIFESTYLE		
HAIRCARE		
TOILETRIES		
HOUSE ITEMS		
CHILDCARE		
Other Item:		
Other Item:		
ENTERTAINMENT		
Vacation Savings		
Enter Item:		
Enter Item:		
DEBT		
Credit Card #1		
Credit Card #2		
Student Loan		
Personal Loan		
Other Loan		

TOTAL INCOME	\$	
TOTAL BUDGETED	\$	
TOTAL SPENT	\$	
NET BALANCE	\$	