

Monthly Budget Planner

Month/Year _____

Income	Expected Amount	Actual Amount	Difference
Income one			
Income two			
Other income			
Total Income			
Spending	Expected Amount	Actual Amount	Difference
Utility			
Electricity			
Water/sewer			
Gas			
Garbage			
Phone			
Internet			
Other utility			
Clothing, Shoes, Accessories			
Clothing & shoes			
Accessories			
Healthcare			
Medication, supplement			
Doc visit			
Food and Drink			
Groceries			
Restaurant			
Transportation			
Car loan			
Gas			
Parking and tolls			
Car repair and maintenance			
Public and other transportation			
Personal Care			
Beauty and skincare products			
Other personal care products			
Hair cuts			
Spa and massage			
Household			
Household supplies			
Furniture			
Decoration			
Home repair and maintenance			
Entertainment			
Movie, sports game, museum			
Club/gym/etc. membership			
Hobbies			
Book, magazine, DVD, game			
Children			
Childcare/baby sitter			
Baby supplies			
Allowance			
Extra curriculum			
Pet Cost			
Pet food			
Grooming, boarding, veterinary			
Miscellaneous			
Gift			
Donation			
Other 1			
Other 2			
Total Spending			