



Monthly Expense Tracking

Want to know where it all went?

Print this worksheet, hang it on the fridge or fold it into a neat little packet and stick it in your wallet. Fill in the blanks as you pay your bills and jot down miscellaneous expenses. Then tally everything up at the end of the month. Good luck!

ESTIMATED TIME

5 Minutes a day

WHAT YOU'LL NEED

Bills, receipts, bank statements, payment books and other things that will help you chart where you spend money.



Monthly Expense Tracking

NAME _____

DATE _____

HOUSING

	Actual Monthly Cost	Budgeted Monthly Cost
Mortgage/Rent _____	\$ <input type="text"/>	\$ <input type="text"/>
Real estate taxes _____	\$ <input type="text"/>	\$ <input type="text"/>
Homeowner's/Renters Insurance _____	\$ <input type="text"/>	\$ <input type="text"/>
Gas _____	\$ <input type="text"/>	\$ <input type="text"/>
Electric _____	\$ <input type="text"/>	\$ <input type="text"/>
Water/Sewer _____	\$ <input type="text"/>	\$ <input type="text"/>
Phone/Cell Phone/Internet _____	\$ <input type="text"/>	\$ <input type="text"/>
Cable/Satellite _____	\$ <input type="text"/>	\$ <input type="text"/>
Trash Collection _____	\$ <input type="text"/>	\$ <input type="text"/>
Home repair/maintenance _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

TRANSPORTATION

	Actual Monthly Cost	Budgeted Monthly Cost
Car loan/lease payment _____	\$ <input type="text"/>	\$ <input type="text"/>
Gasoline _____	\$ <input type="text"/>	\$ <input type="text"/>
License plates _____	\$ <input type="text"/>	\$ <input type="text"/>
Repairs/maintenance _____	\$ <input type="text"/>	\$ <input type="text"/>
Other transportation (bus/train/taxi) _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

FOOD

	Actual Monthly Cost	Budgeted Monthly Cost
Groceries _____	\$ <input type="text"/>	\$ <input type="text"/>
Eating out _____	\$ <input type="text"/>	\$ <input type="text"/>
Work lunches _____	\$ <input type="text"/>	\$ <input type="text"/>
School lunches _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

CLOTHING

	Actual Monthly Cost	Budgeted Monthly Cost
Family member 1 _____	\$ <input type="text"/>	\$ <input type="text"/>
Family member 2 _____	\$ <input type="text"/>	\$ <input type="text"/>
Family member 3 _____	\$ <input type="text"/>	\$ <input type="text"/>
Family member 4 _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

ENTERTAINMENT

	Actual Monthly Cost	Budgeted Monthly Cost
Movies/sporting events _____	\$ <input type="text"/>	\$ <input type="text"/>
Green fees/pool membership, etc. _____	\$ <input type="text"/>	\$ <input type="text"/>
Other _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

CHARITABLE CONTRIBUTIONS

	Actual Monthly Cost	Budgeted Monthly Cost
Community organizations _____	\$ <input type="text"/>	\$ <input type="text"/>
Religious organizations _____	\$ <input type="text"/>	\$ <input type="text"/>
Payroll deductions for charity _____	\$ <input type="text"/>	\$ <input type="text"/>
Other _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

ACTIVITIES FOR KIDS IN THE HOUSE

	Actual Monthly Cost	Budgeted Monthly Cost
Daycare/camp _____	\$ <input type="text"/>	\$ <input type="text"/>
Fees for school activities _____	\$ <input type="text"/>	\$ <input type="text"/>
Piano lessons _____	\$ <input type="text"/>	\$ <input type="text"/>
Sports _____	\$ <input type="text"/>	\$ <input type="text"/>
Allowance _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

MEDICAL/DENTAL

	Actual Monthly Cost	Budgeted Monthly Cost
Premiums _____	\$ <input type="text"/>	\$ <input type="text"/>
Co-pays _____	\$ <input type="text"/>	\$ <input type="text"/>
Prescriptions _____	\$ <input type="text"/>	\$ <input type="text"/>
Vitamins/treatments _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

INSURANCE PREMIUMS

	Actual Monthly Cost	Budgeted Monthly Cost
Auto _____	\$ <input type="text"/>	\$ <input type="text"/>
Life _____	\$ <input type="text"/>	\$ <input type="text"/>
Health _____	\$ <input type="text"/>	\$ <input type="text"/>
Disability/long-term care _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

PERSONAL

	Actual Monthly Cost	Budgeted Monthly Cost
Haircuts/manicures, etc. _____	\$ <input type="text"/>	\$ <input type="text"/>
Dry cleaning/laundry _____	\$ <input type="text"/>	\$ <input type="text"/>
Gifts _____	\$ <input type="text"/>	\$ <input type="text"/>
Subscriptions _____	\$ <input type="text"/>	\$ <input type="text"/>
Gym memberships _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

SAVINGS

	Actual Monthly Cost	Budgeted Monthly Cost
401(k) _____	\$ <input type="text"/>	\$ <input type="text"/>
IRA _____	\$ <input type="text"/>	\$ <input type="text"/>
Emergency savings account _____	\$ <input type="text"/>	\$ <input type="text"/>
Other _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

DEBTS

	Actual Monthly Cost	Budgeted Monthly Cost
Student loans _____	\$ <input type="text"/>	\$ <input type="text"/>
Home equity loan _____	\$ <input type="text"/>	\$ <input type="text"/>
Credit cards _____	\$ <input type="text"/>	\$ <input type="text"/>
Other _____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

OTHER

	Actual Monthly Cost	Budgeted Monthly Cost
_____	\$ <input type="text"/>	\$ <input type="text"/>
_____	\$ <input type="text"/>	\$ <input type="text"/>
_____	\$ <input type="text"/>	\$ <input type="text"/>
_____	\$ <input type="text"/>	\$ <input type="text"/>
_____	\$ <input type="text"/>	\$ <input type="text"/>
Total _____	\$ <input type="text"/>	\$ <input type="text"/>

MONTHLY INCOME

	Monthly income
Take-home pay _____	\$ <input type="text"/>
Other _____	\$ <input type="text"/>
Total _____	\$ <input type="text"/>

NOTES

TOTALS

	Actual Monthly Cost	Budgeted Monthly Cost
Housing	\$ <input type="text"/>	\$ <input type="text"/>
Transportation	\$ <input type="text"/>	\$ <input type="text"/>
Food	\$ <input type="text"/>	\$ <input type="text"/>
Clothing	\$ <input type="text"/>	\$ <input type="text"/>
Entertainment	\$ <input type="text"/>	\$ <input type="text"/>
Activities for kids	\$ <input type="text"/>	\$ <input type="text"/>
Charitable Contributions	\$ <input type="text"/>	\$ <input type="text"/>
Medical/Dental	\$ <input type="text"/>	\$ <input type="text"/>
Insurance Premiums	\$ <input type="text"/>	\$ <input type="text"/>
Personal	\$ <input type="text"/>	\$ <input type="text"/>
Savings	\$ <input type="text"/>	\$ <input type="text"/>
Debt Payments	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

Monthly income — \$

So, how much are you REALLY doing?

To see how much are able to save on a monthly basis, just subtract your total costs from your monthly income. If the answer is negative you may want to focus on reducing debt.

Monthly income \$

- Total costs \$

\$

Want to see where your money is going?

Fill in a box for each \$100 you spend monthly in each category. Try using a highlighter to fill in the budgeted monthly costs and a pen to shade in the actual costs to see how you measure up.

