

Budget for Month of \_\_\_\_\_

**MONTHLY GROSS INCOME**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total

**TAXES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total

**MONTHLY NET INCOME**


Gross income \_\_\_\_\_

Taxes - \_\_\_\_\_



Total



**AMOUNT TO BUDGET**

Total \_\_\_\_\_

**Steam Engine Financial Coaching**  
 Powerful instruction and support  
 for strong personal finances 

This budget is an agreement between \_\_\_\_\_ and \_\_\_\_\_

Check the box with  if you'll be using envelopes for this item  
 if you'll be using envelopes for this item

PLANNING				TRACKING		
		Amount	Running Total	In Itemized Savings	Spent	To/From Itemized Savings
<b>GIVING</b>						
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
		Total	_____	_____	_____	_____
<b>SAVING</b>						
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
		Total	_____	_____	_____	_____
<b>HOUSING</b>						
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage or rent	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Homeowners insur.	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Repairs & maint	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Property taxes	_____	_____	_____	_____
		Total	_____	_____	_____	_____
<b>UTILITIES</b>						
<input type="checkbox"/>	<input type="checkbox"/>	Electricity & Gas	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Water & Trash	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cable/Sat. TV	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mobile phones	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Phone(s)	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cable & Internet	_____	_____	_____	_____
		Total	_____	_____	_____	_____

FOOD							
		Groceries					
		Eating out					
		Total					

TRANSPORTATION							
		Car payment(s)					
		Car replacement					
		Car maint. & repairs					
		Auto insurance					
		Gas					
		Parking, tolls, bus					
		Registration & smog					
		Total					

MEDICAL/HEALTH							
		Dentist visits					
		Doctor visits					
		Prescriptions					
		Optometry					
		Health insurance					
		Tests/lab work					
		Total					

PERSONAL							
		Personal spending					
		GREASE					
		Hair care					
		Clothing					
		Cosmetics					
		Disability Insurance					
		Life insurance					
		Gifts (incl. Christmas)					
		Office & computer					
		Kids' school expenses					
		Total					

RECREATION							
		Movies/Games etc					
		Vacation					
		Total					

DEBTS							
		Total					

**Total Expenses**  
**Income - Expenses** **\$0.00**