

# MONTHLY BUDGET

**Month of:**

Income	Planned	Actual
Paycheck #1		
Paycheck #2		
Paycheck #3		
Paycheck #4		
<b>Total</b>		

Savings	Planned	Actual
Emergency Fund		
Savings Account		
Invest		
<b>Total</b>		

Housing	Planned	Actual
Mortgage/Rent		
Insurance		
Cable/Internet		
Natural Gas		
Water & Electric		
<b>Total</b>		

Transportation	Planned	Actual
Car Payment		
Car Insurance		
Maintenance		
Gasoline		
<b>Total</b>		

Food	Planned	Actual
Groceries		
Restaurants		
<b>Total</b>		

Personal	Planned	Actual
Clothing		
Phone		
Hair/Cosmetic		
Subscriptions		
Gifts		
Entertainment		
Miscellaneous		
<b>Total</b>		

Health	Planned	Actual
Medicine		
Doctor Visits		
Insurance		
<b>Total</b>		

Totals	Planned	Actual
Total Income		
Total Expenses		
<b>Remaining</b>		

**FINANCIAL  
WELLNESS  
COUNSELOR**

