



Month _____

Our Family Budget

Net Income *Enter the take home pay that you expect for this month.*

Fixed Expenses *These are expenses that are typically the same from month-to-month.*

Mortgage/Rent	<input type="text"/>	Utilities	<input type="text"/>
Water/Garbage	<input type="text"/>	Insurance	<input type="text"/>
Internet	<input type="text"/>	Cable/Satellite	<input type="text"/>
Phone	<input type="text"/>		<input type="text"/>
_____	<input type="text"/>	_____	<input type="text"/>
		Total	<input type="text"/>

Variable Expenses *These are expenses that change from month-to-month.*

Food	<input type="text"/>	Fuel	<input type="text"/>
Entertainment	<input type="text"/>	Health & Beauty	<input type="text"/>
Household Supplies	<input type="text"/>	Pharmacy	<input type="text"/>
_____	<input type="text"/>	_____	<input type="text"/>
_____	<input type="text"/>	_____	<input type="text"/>
		Total	<input type="text"/>



Month _____

Our Family Budget

Funds *These are things that you don't typically pay for month-to-month. They could be savings for something fun or for a rainy day.*

Monthly Amount *is how much you'd like to add to the fund this month.*

Balance *is how much you currently have in the fund carried over from last month.*

Goal *is the total that you need to get to.*

	Monthly Amount	Balance	Goal
Emergency Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vacation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdays	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taxes	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Car	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Maint./Upgrades	<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"/>	<input type="text"/>	<input type="text"/>