

(name)

Expense Checklist

(date)

FOOD

Groceries

Household Necessities

(soap, toilet paper)

Spices, Beverages

Total Food= _____

Housing

Mortgage/Rent

Second Mortgage

Electricity

Gas

Maintenance

Telephone/Cell Phone

TV/Internet

Water/Trash

Other (.....)

Cleaning Supplies

Insurance

Real Estate Taxes

Security

Total Housing= _____

Transportation

Auto Payment #1

Auto Payment #2

Gas

Insurance

License/Taxes

Maintenance/Repair

Total Transport.= _____

Medical

Doctor

Dentist

Over the Counter Meds

Prescriptions

Other (.....)

Emergency/Hospital

Total Medical= _____

Debts

Credit Card #1

Credit Card #2

Credit Card #3

Alimony

Loans

Other (.....)

Total Debts= _____

Clothing/Shoes

Children

Parents

Job Related

Total Clothing= _____

Child Care/School

Day Care

Lessons

Materials

Sports/Camp

Tuition

Other (lunches?)

Child Support

Child Care= _____

Job Related

Clothing/Uniforms

Dues/Fees

Parking

Tools

Training

Total Job= _____

Insurance

Life

Medical

Other (.....)

Total Insurance= _____

Personal

Allowances

Beauty, Haircuts

Gifts/Presents

Hobbies

Laundry

Legal/Professional

Subscriptions

Toiletries, Cosmetics

Vet

Other (.....)

Total Personal= _____

Entertainment/Recreation

Activities/Trips

Baby Sitters

Eating Out

Special Occasions

Sporting Events

Vacation

Other (.....)

Total Entertain.= _____

Savings

Emergency Fund

Church

Charitable Giving

Savings (Special Events)

401k/Pension

Other (.....)

Total Savings= _____

Total Expenses _____