

MONTHLY BUDGET

Total Income

Take home (after tax) pay and / or allowance \$ _____

Tithe

10% to the church \$ _____

Needed Expenses

If you are not paying for an item below, write \$0 and thank your parents.

Car Payment \$ _____

Car Insurance \$ _____

Gas \$ _____

Oil, repairs, and tires \$ _____

Phone Plan \$ _____

Lunch Money \$ _____

Supplies / dues for sports and clubs \$ _____

Wanted Expenses

Clothes \$ _____

Eating Out \$ _____

Entertainment (movies, concerts, bowling etc...) \$ _____

Monthly Savings \$ _____

Financial Goals

What would you like to save for? Item: _____ \$ _____

How much would you like to save per month? \$ _____

How many months would it take to achieve your goal? _____ months