Monthly Expense Form

Item	Week 1	Week 2	Week 3	Week 4	Week 5	Total Expenses	Monthly Budget	Over / Under
Groceries								
Restaurants								
Laundry/Dry Cleaning								
Medical/Dental								
Auto/Gas/ Parking								
Other Transportation								
Child Care								
Personal Care								
Clothing								
Bank Fees/ Postage								
Entertainment								
Books/Music/ Video								
Cigarettes/ Alcohol								
Gifts/Cards								
Home/Garden								
Church/Charity Contributions								
Savings								
Telephone								
Other								
Other								
Other								
Other								
Other								
Other								
Totals								