Categories	Budgeted Amount	Left to Spend	Spent so far	Spending									
Charitable Gifts													
_____													
_____													
Housing													
Rent/ Mortgage													
Electricity													
Gas													
Water													
Phone													
Cable & Internet													
Homeowners Ins.													
Household & Food													
Grocery & Household													
Restaurants													
_____													
Transportation													
Gas & Parking													
Basic Maintenance													
Travel													
Car Insurance													
Clothing													
Adults													
Kids													
Medical/ Health													
Doctor Visit Copays													
Prescriptions													
Life Insurance													
Personal													
Hair Cuts													
HER Spending Money													
HIS Spending Money													
Gifts													
Gym Membership													
Other Kids stuff													
_____													
_____													
Saving													
Emergency Fund													
_____													
_____													
Debt													
Car Payment													
Student Loan Payment													
_____													

Total Budgeted _____

Income Estimated (Net) _____

Surplus _____