# INSERTION

DAILY EXPENDITURES TRACKING SHEETS EXPENSE WORKSHEET INCOME WORKSHEET

Re	cord Of Daily	Ex	pen	ditu	Jres			M	ONTH							_	YEAR	
	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	1st Half Total
Fixed																		
Ξ																		
	Savings																	
	Food at Home																	
	Meals on Job																	
	School Lunches																	
	Dinner Out																	
	Electricity																	
	Gas/Heating																	
	Water/Sewage/Garbage																	
	Telephone																	
	Clothing Uniforms																	
	Cleaning and Laundry																	
	Home Cleaning Supplies																	
	Gas/Oil/Lube																	
	Bus Fares/Ride Share Child Care																	
	Grooming																	
0																		
Variable	Books/Newspaper/ Magazines																	
Var	Movies/Sporting Events																	
	Parties/Clubbing/ Beverages																	
	Cigarettes/Tobacco/ Alcohol																	
	Baby Sitter																	
	Hobbies																	
	Books, CDs, DVDs																	
	Doctor & Hospital																	
	Dentist																	
	Medicine																	
	Periodic Expenses																	
	Total																	

### DIRECTIONS

- Gather information about how your money was spent during the past month from your checkbook register, receipts, credit card bills, online statements, and any other financial records you have. This will help you get the most accurate information.
- If you do not have complete financial records for the past month, begin recording all expenditures for the next several weeks on the Money Tracking Sheet and the Credit Card Tracking Sheet.

<u>e</u>	ecord Of Daily Expenditures											YEAR					
	Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total for Month
-																	
	Savings																
	Food at Home																
	Meals on Job																
	School Lunches																
	Dinner Out																
	Electricity																
	Gas/Heating																
	Water/Sewage/Garbage																
	Telephone																
	Clothing																
	Uniforms																
	Cleaning and Laundry																
	Home Cleaning Supplies																
	Gas/Oil/Lube																
	Bus Fares/Ride Share																
	Child Care																
	Grooming																
	Books/Newspaper/ Magazines																
	Movies/Sporting Events																
	Parties/Clubbing/ Beverages																
	Cigarettes/Tobacco/ Alcohol																
	Baby Sitter																
	Hobbies																
	Books, CDs, DVDs																
	Doctor & Hospital																
	Dentist																
	Medicine																
	Periodic Expenses																
	Total																

- Transfer these daily totals to the Record of Daily Expenditures (DE).
- Complete the Expense Worksheet after you have at least 30 days of expenditure information.

# Money Tracking Sheets

# Where did all the money go?

- This tracking sheet is a handy tool at the beginning of the budgeting process to identify where money is being spent and after you have developed a budget to help monitor expenses.
- Make a photocopy of this page and carry it with you to record out-of-pocket expenses.

<b>Item</b> Lunch money for kids Soda at work	Cost	Item	Cos
Lunch money for kids	\$ 5.50		
Soda at work	75¢		
		-	
		-	
		-	
		-	
		_	
		-	

# Credit Card Tracking Sheets

## How much do I owe?

- Using this tracking sheet is the first step in taking control of your money.
- Make a photocopy of this page and carry it with you to record every credit card charge for the next few weeks.

Item	Charge

Item	Charge

Expense Worksheet		From Record of DE	Adjusted	1st N Budget	lonth <sub>Actual</sub>	2nd N Budget	Aonth Actual	3rd N Budget	<b>1onth</b> Actual	4th N Budget	Nonth Actual	5th N Budget	Actual
	Rent or Mortgage Payment	OF DE											
	Home Equity/2nd Mortgage												
	Life/Health												
	Home/Renter's Insurance												
FIXED	Auto Insurance												
ΗĚ	Child Support												
	Charitable/Worship Donations												
	Monthly Debt Payments												
	Emergency Fund Savings												
	Savings for Goals												
	Total Fixed Expenses												
	Food at Home (Groceries)												
	Meals & Snacks on Job												
	School Lunches												
	Meals Out												
	Electricity												
	Gas/Heating												
	Water/Sewer/Garbage												
	Phone/Long Distance/Cellular												
	Cable/Satellite												
	Internet Charges												
	Gasoline												
	Bus Fares/Parking/Tolls												
	Clothing												
	Uniforms												
3LE	Dry Cleaning/Laundromat												
VARIABL	Cleaning Supplies												
AR	Grooming & Personal Items												
	Children's Allowance												
	Baby Sitter												
	School/Tuition/Activities												
	Cigarettes/Tobacco/Alcohol												
	Recreation												
	Books/Newspapers/Magazines												
	Video/Book/DVD Hobbies/Lessons												
	Doctor Visits												
	Dentist												
	Medicine												
	Bank Charge/ATM												
	Postage												
	Total Variable Expenses												
	Back to School												
	Car Repairs/Tires												
<u>ں</u>	Tags/Inspection												
PERIODIC	Gifts - Holiday												
RIO													
PE	Appliance Repair												
	Home Maintenance/Repair												
	Total Dariadis Evanance												
ТО													
	TAL MONTHLY EXPENSES												
									.,				

### **INSTRUCTIONS**

• Examine the first column, "From Record of DE" (Daily Expenditures), and decide if the amounts in each category are the same as the amounts you plan to spend during the next 12 months. • Adjust expenses

that you think may increase or decrease during this year. Try to anticipate the actual month when purchases will occur. Fill in the appropriate amount each month in the Budget column of the Expense Worksheet. • Cross out categories that do not apply and add new category names if you need additional lines. • Purchases that you are planning to make by credit card should be entered by category name. For example, clothing to be purchased on a credit card should be listed as Clothing.

6th N	1onth	7th N	\onth	8th N	1onth	9th N	\onth	10th /	Nonth	11th <i>I</i>	Nonth	12th Month		
Budget	Actual	Budget	Actual	Budget	Actual	Annual Totals								
					1					1				

• For each goal listed on the Financial Goals Worksheet (page 11), write the monthly amount you plan to save in the Budget column. Do not include goals that you do not plan to save for during the next 12 months. • Total all expenses for one month at

the bottom of the worksheet on the Total Monthly Expenses line. • Transfer Monthly Net Income amounts from the Income Worksheet. • Subtract Expenses from Income and write down the amount of surplus or deficit for each month. This will give you a picture of how you plan your cash to flow during the next 12 months. Some months may be negative. You may want to revise the plan by shifting spending to another month so that spending will not be greater than income.

# Income Worksheet

		Paycheck 1	Paycheck 2	Paycheck 3	Paycheck 4	Total	Notes
Ō	Sources of Paychecks						
2	Monthly Gross Earned Income						
6	Deductions						
	Federal Income Tax						
	FICA/Retirement						
	Medical Insurance						
	Life Insurance						
	Dental Insurance						
	Co. Stock Purchase						
	Payroll Deduction Saving						
	Union Dues						
	Child Support						
	Other						
4	Monthly Net Earned Income						
6	Other Monthly Income						
6	Additional Periodic Income						
0	Total All Monthly Net Income						

### **STEP 1** Sources of Paychecks

List all sources of regular earned monthly income of all individuals living in the household involved in the family budget. This should include full-time, part-time, and self-employment income.

### STEP **1** Monthly Gross Earned Income

List the amount of monthly income received before deductions for each earner. If you are paid weekly, figure monthly income by dividing total annual income by 52, and multiplying by 4.33. If you are paid every other week, figure monthly income by dividing total annual income by 26, and multiplying by 2.16. This amount will equal an average monthly income.

### STEP Deductions

List all monthly deductions from each source of income. Loans owed to an employer and/or credit union should be listed on the Liabilities section of the Net Worth Statement on page 8 and on the Debt Load Worksheet on page 29.

### STEP () Monthly Net Earned Income

Subtract all deductions from the monthly gross earned income to arrive at the monthly net earned income.

### STEP **G** Other Monthly Income

List monthly income from other sources. Remember, this is income that is received on a regular basis even though it may not be from employment. Examples: Temporary Assistance to Needy Families, Alimony, Social Security, Disability Compensation, Industrial Compensations, Annuities, Stock Dividends, Child Support, Rentals, Royalties, Allotments, Boarders, etc.

### STEP (3) Additional Periodic Income

List extra paychecks, bonuses, income tax returns, etc., (divided into monthly amount).

### STEP 👩 Total All Monthly Net Income From All Sources

Add Steps 4, 5, and 6 together for the total monthly net income. If total net income from all sources is NOT SUFFICIENT to accomplish your goals, look for ways of revising income and/or the expenses which are deducted from your pay. Examples: Federal income tax exemptions, insurance coverage, savings, etc.