

Name _____

Write down an *estimate* of your monthly expenditures:

Spending category	Estimated Monthly	Actual Monthly
Fixed		
1. Housing (rent or mortgages)	\$ _____	\$ _____
2. Childcare	\$ _____	\$ _____
3. Chapter 13 payment	\$ _____	\$ _____
includes mortgage: yes _____ no _____; includes car payment: yes _____ no _____		
4. Child or spousal support	\$ _____	\$ _____
payroll deducted: yes _____ no _____		
5. Car insurance	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Flexible		
6. Groceries	\$ _____	\$ _____
7. Utilities (gas, electric, water, trash)	\$ _____	\$ _____
8. Telephone & cell phone	\$ _____	\$ _____
9. Newspaper & movies	\$ _____	\$ _____
10. Clothing	\$ _____	\$ _____
11. Dry cleaning, laundry supplies	\$ _____	\$ _____
12. Medical/Dental (out-of-pocket)	\$ _____	\$ _____
13. Transportation (bus, parking, tags)	\$ _____	\$ _____
14. Gasoline, oil changes	\$ _____	\$ _____
15. School lunches	\$ _____	\$ _____
16. Tuition, books, school expenses	\$ _____	\$ _____
17. Haircuts	\$ _____	\$ _____
18. Gifts & donations	\$ _____	\$ _____
19. Eating out & recreation	\$ _____	\$ _____
20. Cable & internet	\$ _____	\$ _____
21. Savings	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Periodic		
22. Insurance (life, health, AAA, etc.)	\$ _____	\$ _____
23. Real estate taxes	\$ _____	\$ _____
24. Car repairs	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____