

Use these worksheets to record your daily expenses for the month. The accounting will allow you to formulate a budget plan and analyze areas where you can reduce expenses.

The Expense Accounting includes budget-line items for the following:

- Family Income
- Housing Expenses
- Transportation
- Family Care
- Living Expenses
- Family Entertainment
- Obligations
- Savings

Any questions or comments, visit our site at:

[www.SayGoodCredit.com](http://www.SayGoodCredit.com)

**Family Income**

	<b>Identify and List Income Sources</b>				
Employment Income 1					
Employment Income 2					
Employment Income 3					
Social Security Payments					
Alimony Payments					
Government Support Payments					
Investments					
Savings					
Other Income Payments					
<b>Total</b>					
<b>Total Month</b>					

Link to: [www.SayGoodCredit.com/bills](http://www.SayGoodCredit.com/bills)  
to find cost reduction tips and to  
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**Housing Expenses**

	List \$\$ Expenses When Paid				
Monthly Mortgage (including escrow)					
Monthly Rent					
Heating Costs					
Telephone					
Electricity					
Cable / Dish Services					
Gas / Propane					
Internet Connection					
Water / Sewage					
Repair Costs					
Trash Removal					
Home Improvement					
Maintenance					
Other					
Other					
<b>Total</b>					
<b>Total Month</b>					

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**Transportation**

	List \$\$ Expenses When Paid				
Auto Loan Payment 1					
Auto Loan Payment 2					
Auto Loan Payment 3					
Auto Insurance					
Gas / Oil					
Maintenance					
Taxes					
Licensing					
Parking					
Public Transportation					
Tolls					
Other					
Other					
<b>Total</b>					
<b>Total Month</b>					

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**Family Care**

	List \$\$ Expenses When Paid				
Health Insurance					
Disability Insurance					
Life Insurance					
Other Insurance					
Doctor / Hospital Visits					
Dentist Visits					
Eye Care					
Veterinarian					
Prescriptions					
Over-the-Counter Medications					
Child Care					
Elder Care					
Health Clubs					
Other Dues					
Other Care					
<b>Total</b>					
<b>Total Month</b>					

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**Living Expenses**

	<b>List \$\$ Expenses When Paid</b>				
Essential Groceries					
Non-Essential Groceries					
Home Living Supplies					
Vendor Snacks, Coffee, Donuts					
Work/School-Related Lunches					
Pet Food					
Adult Clothing					
Children's Clothing					
Work Clothes					
Education Expenses					
House Cleaning Services					
Garden Care Services					
Postage					
Other Living Expenses					
Other Living Expenses					
<b>Total</b>					
<b>Total Month</b>					

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**Family Entertainment**

	<b>List \$\$ Expenses When Paid</b>				
Dining Out					
Movies Out					
Other Outside Entertainment					
Movie Rentals					
Cigarettes, Beer, Wine, Liquor					
Lottery Tickets					
Casino / Other Gambling					
Birthdays / Anniversaries					
Holidays					
Weekend / Day Trips					
Vacation Travel					
Other					
Other					
<b>Total</b>					
<b>Total Month</b>					

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**Obligations**

	<b>List \$\$ Expenses When Paid</b>				
Credit Card Payment 1					
Credit Card Payment 2					
Credit Card Payment 3					
Credit Card Payment 4					
Student Loan Payments					
Home Equity Loan/Line Payments					
Personal Loan Payments 1					
Personal Loan Payments 2					
Alimony / Child Support Payments					
Other Support Payments					
Liens or Judgments					
Other Property Tax Payments					
Charitable Donations					
Other					
<b>Total</b>					
<b>Total Month</b>					

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**Savings**

	List \$\$ Savings on Deposit				
401K Contributions					
IRA Contributions					
Monthly Investment Deposits					
College Savings Deposits					
Retirement Savings Deposits					
General Savings Deposits					
Financial Goal:					
Financial Goal:					
Financial Goal:					
<b>Total</b>					
<b>Total Month</b>					

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