




Budget Worksheet (1 of 2)

| Income | | Budgeted | Actual Amount |
|---------------------------------|-----------------|----------------------|----------------------|
| Salary (after taxes, plus tips) | | | |
| Family Support | | | |
| Loans | | | |
| Grants | | | |
| Scholarships | | | |
| Gifts | | | |
| Other Income | | | |
| Total Income | | | |
| Expense | Budgeted | Actual Amount | Savings/Loss |
| Living | | | |
| Rent | | | |
| Utilities | | | |
| Cable | | | |
| Phone | | | |
| Internet | | | |
| Other | | | |
| TOTAL | | | |
| Transportation | | | |
| Car Payment | | | |
| Insurance | | | |
| Fuel | | | |
| Parking | | | |
| Repairs | | | |
| Public Trans. | | | |
| Other | | | |
| TOTAL | | | |
| Food/Beverages | | | |
| Groceries | | | |
| Meal Plan | | | |
| Dining Out | | | |
| Coffee/Tea | | | |
| Energy Drinks/Sodas | | | |
| Snacks | | | |
| Other | | | |
| TOTAL | | | |

|  | Budget Worksheet (2 of 2) | | |
|---|---------------------------|---------------|--------------|
| Expense | Budgeted | Actual Amount | Savings/Loss |
| Personal | | | |
| Entertainment | | | |
| Clothing/Shoes | | | |
| Laundry | | | |
| Toiletries | | | |
| Other | | | |
| TOTAL | | | |
| Medical | | | |
| Doctor | | | |
| Dentist | | | |
| Eyes | | | |
| Insurance | | | |
| Prescriptions | | | |
| Other | | | |
| TOTAL | | | |
| Other | | | |
| Loans | | | |
| Credit Card | | | |
| Saving | | | |
| Other | | | |
| TOTAL | | | |
| School | | | |
| Tuition | | | |
| Books/Supplies | | | |
| Fees | | | |
| Electronics | | | |
| Other | | | |
| TOTAL | | | |
| Total Expenses | | | |
| Income Minus Expenses | | Amount | |
| Your total income | | | |
| Your total expenses | | | |
| Total income – Total Expenses | | | |