Monthly Expenses Tracking Form

Expenses for the Month of _____, 20_____

Date	A Housing	B Vehicle	C Clothing	D Food	E Household	F Insurance	G Medical	H Misc.	I Periodic	J Entertain-ment	Debt	Savings
1												
2												
3												
4												
5												
6												
7												
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22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Total												
Budget Amount												
+ or -												