**Monthly Expenses**

This is a blank form for listing monthly expenses. Your expenses may include other categories or you may wish to use different categories than the ones listed below. Estimate as best you can all your actual expenses during the prior month.

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| **November Expenses** | **Amount** |
| Rent or mortgage payments (include both first and second mortgages. If property taxes and insurance not included in mortgage payments, list them as a separate expense) |  |
| Home maintenance and repairs |  |
| Furniture, appliances, electronics, or other goods |  |
| Gas and electric utilities |  |
| Water, sewer, and trash |  |
| Internet, TV, cellphones, landline telephones |  |
| Medical insurance  |  |
| Medical and dental expenses, prescriptions |  |
| Groceries and other items purchased at market |  |
| Eating out, coffee, snacks, and lunches at work |  |
| Haircuts, personal care and products  |  |
| Clothing and footwear |  |
| Gas, car repairs, car insurance, tolls |  |
| Auto loan or lease payment |  |
| Alcohol, cigarettes |  |
| Pet expenses |  |
| Health club |  |
| Credit card payments (do not include if pay off most or all outstanding balance each month) |  |
| Small loan payments |  |
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| **Total** |  |