

Expense Tracker Worksheet

Use this worksheet to track your monthly expenses for two months. Write your notes for each month in the "Expense Summary" section.

Expenses: Monthly

Month 1

Month 2

Date:

Housing

Mortgage / Rent payment

\$ _____

\$ _____

2nd House / Rent payment

\$ _____

\$ _____

Household incidentals (supplies)

\$ _____

\$ _____

Lease payment (not mortgage)

\$ _____

\$ _____

Home Security

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Subtotal:

\$ _____

\$ _____

Utilities

Telephone

\$ _____

\$ _____

Cellular phone

\$ _____

\$ _____

Water

\$ _____

\$ _____

Electric

\$ _____

\$ _____

Gas

\$ _____

\$ _____

DPW: Trash removal

\$ _____

\$ _____

Cable & Internet

\$ _____

\$ _____

Subtotal:

\$ _____

\$ _____

Loans and Lease Payments

Auto loan 1

\$ _____

\$ _____

Auto loan 2

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Subtotal:

\$ _____

\$ _____

Transportation

Gasoline/fuel

\$ _____

\$ _____

Oil change

\$ _____

\$ _____

Car wash/detailing services

\$ _____

\$ _____

Parking

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Other: _____

\$ _____

\$ _____

Subtotal:

\$ _____

\$ _____

Credit Cards

Credit card 1
Credit card 2
Credit card 3
Other: _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Food

Groceries
Coffee shops
Lunch at work
Lunch at school
Other: _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Clothing

Clothes, shoes, accessories
Dry cleaning

\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Personal Care

Hair: cuts / styling / coloring
Nail services
Other: _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Entertainment

Dining out
Parties (attending or hosting)
Movies, theatre, videos, concerts, etc.
Club dues (health, golf, etc.)
Other: _____
Other: _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Donations/Subscriptions

Religious organizations
Charities
Books, newspapers, magazines
Online subscriptions, etc.

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Medical/health

Prescriptions \$ _____ \$ _____

Over-the-counter medications \$ _____ \$ _____

Medical supplies \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

Unplanned (extraordinary)

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

Support

Spousal support (paid out) \$ _____ \$ _____

Child support (paid out) \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

Children's Expenses

Lessons, sports, camp, etc. \$ _____ \$ _____

Daycare \$ _____ \$ _____

Domestic help (babysitter, nanny, etc.) \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

Total Monthly Expenses: \$ _____ \$ _____

Expenses: Periodic¹

**Monthly Set-aside
Month 1**

**Monthly Set-aside
Month 2**

Housing

Property taxes \$ _____ \$ _____

Property improvements/maintenance \$ _____ \$ _____

Association dues \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

Insurance

Homeowner's insurance premium \$ _____ \$ _____

Life insurance premium \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

Maintenance and Operating Expenses

Insurance: auto	\$ _____	\$ _____
Insurance: recreational vehicles	\$ _____	\$ _____
Registration: auto	\$ _____	\$ _____
Registration: recreational vehicles	\$ _____	\$ _____
Scheduled maintenance	\$ _____	\$ _____
Repairs	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____

Medical Expenses

Medical care/Doctor visits	\$ _____	\$ _____
Dental care/Dentist visits	\$ _____	\$ _____
Vision care	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Medical supplies	\$ _____	\$ _____
Veterinary care	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____

Miscellaneous

Education	\$ _____	\$ _____
Professional development	\$ _____	\$ _____
Gifts/holidays	\$ _____	\$ _____
Vacations	\$ _____	\$ _____
Estimated income taxes	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____

TI. Periodic Expenses as a Monthly Set-aside: \$ _____ \$ _____

¹Periodic expenses are typically incurred on a quarterly, semi-annual or annual basis. Other periodic expenses may occur on a less-regular basis. To calculate the monthly set-aside needed to cover the expense, take the actual or planned annual amount of the periodic expense and divide by 12. For example, \$1,000 annual insurance premium / 12 months = \$83.33 monthly set-aside.

(Expense Summary on next page)

Expenses Summary

Months: _____ and _____ Year: _____

Category/Item	Month 1	Month 2
Total Monthly Expenses:	\$ _____	\$ _____
Total Monthly Set-asides:	\$ _____	\$ _____
Total Expenses:	\$ _____	\$ _____

Month 1 Notes:

Month 2 Notes:
