NAME: _____

Your Monthly Financial Statement

BUDGET CATEGORY	AMOUNT SPENT		SOURCE OF INCOME	MONTHLY AMOUNT
Tithe				
House Payment / Rent				
Utilities: Power				
Water/Sewer				
Gas				
Renters/Homeowners Insurance				
Life Insurance				
Food: Food Stamps				
Cash Spent				
Eating Out				
Household/Personal Products				
Auto: Payment/Title Loan				
Auto Insurance				
Telephone: Home				
Cell				
Credit Card 1			**TOTAL INCOME**	
Credit Card 2				
Other Debt				
Clothing				
Savings				
Medical Co-Pays: Medicine				
Doctor Visits				
Entertainment: Cable				
Movies/Video Games				
Other:				
TOTAL EXPENSES				