

GIRLFRIEND'S, BUDGET EXPENSE LIST

INSTRUCTIONS.

ENTER YOUR MONTHLY NET INCOME

FILL IN THE TOTAL MONTHLY AMOUNT YOU SPEND IN EACH CATEGORY.

IF THE ITEM DOES NOT APPLY TO YOU, SKIP IT OR ENTER \$0.



NET INCOME: _____

DUE DATE	EXPENSES	AMOUNT
HOUSEHOLD EXPENSES		
	RENT / MORTGAGE	
	ELECTRICITY	
	WATER	
	GAS (IN HOUSE)	
	RENTAL OR MORTGAGE INSURANCE	
	TOTAL HOUSEHOLD EXPENSES	
COMMUNICATION EPENSES		
	PHONE	
	CABLE / INTERNET	
	TOTAL COMMUNICATION EXPENSES	
TRANSPORTATION EXPENSES		
	CAR NOTE	
	FUEL (FOR CAR)	
	CAR INSURANCE	
	PUBLIC TRANSPORTATION	
	OTHER TRANSPORTATION	
	TOTAL TRANSPORTATION EXPENSES	
CHILD CARE EXPENSES		
	DAYCARE	
	EXTRACURRICULAR ACTIVITIES	
	TUITION	
	AFTER-SCHOOL CARE	
	ALLOWANCE	
	LUNCH MONEY	
	TOTAL CHILD CARE EXPENSES	
SCHOOL / STUDENT EXPENSES		
	TUITION	
	BOOKS	
	OTHER EXPENSES	
	TOTAL SCHOOL / STUDENT EXPENSES	
BEAUTY / SELF CARE EXPENSES		
	HAIR	
	NAILS / MAKEUP	
	SKINCARE	
	CLOTHING / SHOES	
	TOTAL BEAUTY / SELF CARE EXPENSES	

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DUE DATE	EXPENSE	AMOUNT
MEMBERSHIP EXPENSES		
	GYM MEMBERSHIP	
	TOTAL MEMBERSHIP EXPENSES	
MONTHLY SUBSCRIPTION EXPENSES		
	ENTERTAINMENT SUBSCRIPTIONS (EX. NETFLIX, HULU, ETC.)	
	MUSIC SUBSCRIPTION (EX. APPLE MUSIC, TIDAL, ETC.)	
	TOTAL SUBSCRIPTION EXPENSES	
FOOD EXPENSES		
	GROCERIES	
	EATING OUT	
	TOTAL FOOD EXPENSES	
HABIT EXPENSES		
	SMOKING	
	DRINKING	
	CLUBBING	
	STARBUCKS / COFFEE	
	GAMBLING / LOTTO TICKETS	
	TOTAL HABIT EXPENSES	
OTHER EXPENSES		
	TITHING / CHARITABLE DONATIONS	
	STORAGE	
	OTHER	
	TOTAL OTHER EXPENSES	
DEBT EXPENSES		MINIMUM PAYMENT
	CREDIT CARD DEBT	
	STUDENT LOAN DEBT	
	PAYDAY LOANS	
	MEDICAL BILLS	
	TOTAL DEBT EXPENSES	
TOTAL OVERALL MONTHLY EXPENSES		
**TOTAL AMOUNT LEFTOVER / OVERAGE (NET INCOME - TOTAL MONTHLY EXPENSES)		

**IF THIS AMOUNT IS POSITIVE, KEEP UP THE GOOD WORK! IF THIS AMOUNT IS NEGATIVE, PLEASE CONTACT ME FOR ADVICE AT GIRLFRIENDSBUDGET@GMAIL.COM.