



## MONTHLY EXPENSE WORKSHEET

Name \_\_\_\_\_

Date \_\_\_\_\_

### HOUSING

- \_\_\_\_\_ Homeowners Insurance
- \_\_\_\_\_ Rent/mortgage/lot rent
- \_\_\_\_\_ Property taxes (if not included in above)
- \_\_\_\_\_ Heating (utility budget system?)
- \_\_\_\_\_ Electricity (utility budget system?)
- \_\_\_\_\_ Telephone (base rate, long distance, options)
- \_\_\_\_\_ Cell phone
- \_\_\_\_\_ Water/sewage
- \_\_\_\_\_ Household maintenance supplies
- \_\_\_\_\_ Furnishings
- \_\_\_\_\_ Appliances (repair/replace)
- \_\_\_\_\_ **TOTAL**

### CHILD CARE

- \_\_\_\_\_ Babysitting
- \_\_\_\_\_ Maintenance/child support
- \_\_\_\_\_ Childcare/daycare
- \_\_\_\_\_ Diaper expense
- \_\_\_\_\_ **TOTAL**

### FOOD & GROCERIES

- \_\_\_\_\_ Food
- \_\_\_\_\_ Work related (lunch, snacks, etc.)
- \_\_\_\_\_ School lunches
- \_\_\_\_\_ Bulk food purchases
- \_\_\_\_\_ **TOTAL**

### TRANSPORTATION

- \_\_\_\_\_ Car/motorcycle insurance
- \_\_\_\_\_ Gas/oil/bus fare
- \_\_\_\_\_ Repairs/maintenance
- \_\_\_\_\_ Parking
- \_\_\_\_\_ Licenses/registration
- \_\_\_\_\_ Car wash
- \_\_\_\_\_ **TOTAL**

### MEDICAL

- \_\_\_\_\_ Health/dental insurance
- \_\_\_\_\_ Doctor
- \_\_\_\_\_ Dentist/braces
- \_\_\_\_\_ Prescriptions/vitamins
- \_\_\_\_\_ Glasses/eye exams
- \_\_\_\_\_ Chiropractic
- \_\_\_\_\_ Counseling
- \_\_\_\_\_ **TOTAL**

### CLOTHING & PERSONAL

- \_\_\_\_\_ Clothing/footwear
- \_\_\_\_\_ Dry cleaning/laundry/supplies
- \_\_\_\_\_ Barber and beauty shop
- \_\_\_\_\_ Toiletries (cosmetics, after shave)
- \_\_\_\_\_ Children's allowances
- \_\_\_\_\_ Spouse's allowance
- \_\_\_\_\_ Your allowance
- \_\_\_\_\_ Cigarettes/tobacco
- \_\_\_\_\_ Alcoholic beverages
- \_\_\_\_\_ **TOTAL**

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