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is on your side

# Monthly Expense Tracking

Want to know where it all went?

Print this worksheet, hang it on the fridge or fold it into a neat little packet and stick it in your wallet. Fill in the blanks as you pay your bills and jot down miscellaneous expenses. Then tally everything up at the end of the month.

Good luck!

## ESTIMATED TIME

5 minutes a day

## WHAT YOU'LL NEED

Bills, receipts, bank statements, payment books and other things that will help you chart where you spend money.

# Monthly Expense Tracking

Name: \_\_\_\_\_

Date \_\_\_\_\_

## HOUSING

	Actual Monthly Cost	Budgeted Monthly Cost
Mortgage/Rent	\$ 1500	\$
Real estate taxes	\$	\$
Homeowner's/Renter's insurance	\$	\$
Gas	\$	\$
Electric	\$	\$
Water/Sewer	\$	\$
Phone/Cell/Internet	\$	\$
Cable/Satellite	\$	\$
Trash collection	\$	\$
Home repair/maintenance	\$	\$
<b>Total</b>	\$	\$

## TRANSPORTATION

	Actual Monthly Cost	Budgeted Monthly Cost
Car loan/Lease payment	\$	\$
Gasoline	\$	\$
License plates	\$	\$
Repairs/maintenance	\$	\$
Other transportation (bus/train/taxi)	\$	\$
<b>Total</b>	\$	\$

## FOOD

	Actual Monthly Cost	Budgeted Monthly Cost
Groceries	\$	\$
Eating out	\$	\$
Work lunches	\$	\$
School lunches	\$	\$
<b>Total</b>	\$	\$

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## CLOTHING

	Actual Monthly Cost	Budgeted Monthly Cost
Family member 1	\$ <input type="text"/>	\$ <input type="text"/>
Family member 2	\$ <input type="text"/>	\$ <input type="text"/>
Family member 3	\$ <input type="text"/>	\$ <input type="text"/>
Family member 4	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

## ENTERTAINMENT

	Actual Monthly Cost	Budgeted Monthly Cost
Movies/sporting events	\$ <input type="text"/>	\$ <input type="text"/>
Greens fees/pool membership, etc.	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

## CHARITABLE CONTRIBUTIONS

	Actual Monthly Cost	Budgeted Monthly Cost
Community organizations	\$ <input type="text"/>	\$ <input type="text"/>
Religious organizations	\$ <input type="text"/>	\$ <input type="text"/>
Payroll deductions for charity	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

## CHILDREN'S ACTIVITIES

	Actual Monthly Cost	Budgeted Monthly Cost
Daycare/camp	\$ <input type="text"/>	\$ <input type="text"/>
Fees for school activities	\$ <input type="text"/>	\$ <input type="text"/>
Music lessons	\$ <input type="text"/>	\$ <input type="text"/>
Sports	\$ <input type="text"/>	\$ <input type="text"/>
Allowance	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

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## MEDICAL/DENTAL

	Actual Monthly Cost	Budgeted Monthly Cost
Premiums	\$ <input type="text"/>	\$ <input type="text"/>
Co-pays	\$ <input type="text"/>	\$ <input type="text"/>
Prescriptions	\$ <input type="text"/>	\$ <input type="text"/>
Vitamins/treatments	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

## INSURANCE PREMIUMS

	Actual Monthly Cost	Budgeted Monthly Cost
Auto	\$ <input type="text"/>	\$ <input type="text"/>
Home	\$ <input type="text"/>	\$ <input type="text"/>
Life	\$ <input type="text"/>	\$ <input type="text"/>
Health	\$ <input type="text"/>	\$ <input type="text"/>
Disability/Long-Term Care	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

## PERSONAL

	Actual Monthly Cost	Budgeted Monthly Cost
Haircuts/manicures, etc.	\$ <input type="text"/>	\$ <input type="text"/>
Dry cleaning/laundry	\$ <input type="text"/>	\$ <input type="text"/>
Gifts	\$ <input type="text"/>	\$ <input type="text"/>
Subscriptions	\$ <input type="text"/>	\$ <input type="text"/>
Gym memberships	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

## SAVINGS

	Actual Monthly Cost	Budgeted Monthly Cost
401 (k)	\$ <input type="text"/>	\$ <input type="text"/>
IRA	\$ <input type="text"/>	\$ <input type="text"/>
Emergency savings account	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>



# Monthly Expense Tracking

## TOTALS

	Actual Monthly Cost	Budgeted Monthly Cost
Housing	\$ <input type="text"/>	\$ <input type="text"/>
Transportation	\$ <input type="text"/>	\$ <input type="text"/>
Food	\$ <input type="text"/>	\$ <input type="text"/>
Clothing	\$ <input type="text"/>	\$ <input type="text"/>
Entertainment	\$ <input type="text"/>	\$ <input type="text"/>
Children's activities	\$ <input type="text"/>	\$ <input type="text"/>
Charitable Contributions	\$ <input type="text"/>	\$ <input type="text"/>
Medical/dental	\$ <input type="text"/>	\$ <input type="text"/>
Insurance premiums	\$ <input type="text"/>	\$ <input type="text"/>
Personal	\$ <input type="text"/>	\$ <input type="text"/>
Savings	\$ <input type="text"/>	\$ <input type="text"/>
Debt payments	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>	\$ <input type="text"/>	\$ <input type="text"/>

Monthly Income \$

So, how much are you REALLY saving?

To see how much you're able to save on a monthly basis, subtract your total costs from your monthly income. If the answer is negative, you may want to focus on reducing debt.

Monthly Income \$

- Total costs \$

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\$

### Want to see where your money is going?

Fill in a box for each \$100 you spend monthly in each category. Try using a highlighter to fill in the budgeted monthly costs and a pen/marker to shade in the actual costs to see how you measure up.

