

# CAMBRIDGE

CREDIT COUNSELING CORP

## Monthly Expense Tracking

Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Instructions:** Copy your spending for each week into the appropriate areas. At the end of each month, total your expenses for each category and calculate your "Total Expenses." Subtract your monthly expenses from your monthly income. Do you have excess money or are you short? Look for ways to reduce your expenses.

EXPENSE	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTALS
Groceries						
Gasoline						
Tolls						
Parking						
Bus/Subway/Train						
Restaurants						
Take-out/Fast Food						
Snacks						
Alcohol						
Clothing						
Shoes						
Dry Cleaning						
Movies						
Concerts						
Publications						
Hobbies						
Gifts						
Hygiene/Cosmetics						
Tobacco						
Tithing/Giving						
Entertainment						
Lunch (School,work)						
Coffee/Tea						
Other _____						
Other _____						
Other _____						
Other _____						