

# Budget Planner Worksheet

Planning your First Budget Plan

For the month of

| Category  | Projected Amount | Actual Amount | Actual - Projected |
|---|------------------|---------------|--------------------|
| <b>INCOME</b>                                     |                  |               |                    |
| Salary (Gross)                                    |                  |               |                    |
| Spouse Income (Gross)                             |                  |               |                    |
| Allowance   |                  |               |                    |
| Bonuses and commissions                           |                  |               |                    |
| Business income (Net)                             |                  |               |                    |
| Investment and rental income, net of taxes        |                  |               |                    |
| Others _____                                      |                  |               |                    |
| Others _____                                      |                  |               |                    |
| Others _____                                      |                  |               |                    |
| Others _____                                      |                  |               |                    |
| <b>TOTAL MONTHLY INCOME</b>                       |                  |               |                    |
| <b>EXPENSES</b>                                   |                  |               |                    |
| <b>Fixed Expenses</b>                             |                  |               |                    |
| Debts - Credit Cards                              |                  |               |                    |
| Debts - Office/Cooperative Loans                  |                  |               |                    |
| Debts - Others                                    |                  |               |                    |
| Debts - SSS/Pag-ibig/Other Loans                  |                  |               |                    |
| Association and Membership dues                   |                  |               |                    |
| Education - Tuition Fee                           |                  |               |                    |
| House/Utilities - Cable                           |                  |               |                    |
| House/Utilities - House Help/s                    |                  |               |                    |
| House/Utilities - Internet                        |                  |               |                    |
| House/Utilities - Telephone (Landline)            |                  |               |                    |
| Pag-ibig/SSS/Others                               |                  |               |                    |
| Rent/Mortgage                                     |                  |               |                    |
| Vehicle Insurance                                 |                  |               |                    |
| Vehicle Payments/Amortization                     |                  |               |                    |
| Others _____                                      |                  |               |                    |
| Others _____                                      |                  |               |                    |
| Others _____                                      |                  |               |                    |
| Others _____                                      |                  |               |                    |
| <b>Variable/Discretionary Expenses</b>            |                  |               |                    |
| Appliances (TV, DVD, Ref, Others)                 |                  |               |                    |
| Baby (Milk, Diaper, Immunization, Others)         |                  |               |                    |
| Cellphone - Prepaid/Line (Family)                 |                  |               |                    |
| Donations to parents/brothers/sisters/others      |                  |               |                    |
| Donations/Tithes                                  |                  |               |                    |
| Education - Bag, Books, Supplies, Uniform, Others |                  |               |                    |
| Education - Projects/Contributions/Others         |                  |               |                    |

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|---|------------------|---------------|--------------------|
| Education - School Allowance  |                  |               |                    |
| Education - School Bus/Transportation Allowance                     |                  |               |                    |
| Food (Wet, Dry Goods & Others)                                      |                  |               |                    |
| Groceries   |                  |               |                    |
| House/Utilities - Electricity                                       |                  |               |                    |
| House/Utilities - LPG   |                  |               |                    |
| House/Utilities - Water   |                  |               |                    |
| Maintenance/Home Improvement  |                  |               |                    |
| Medical - Doctor/Dentist/Others                                     |                  |               |                    |
| Medical - Medicine  |                  |               |                    |
| Medical - Others  |                  |               |                    |
| Medical - Vitamins/Food Supplements/Others                          |                  |               |                    |
| Miscellaneous   |                  |               |                    |
| Offering to Church (Tithe & Offerings)                              |                  |               |                    |
| Personal Needs - Cellphone  |                  |               |                    |
| Personal Needs - Clothing, Shoes/Others                             |                  |               |                    |
| Personal Needs - Gifts (Christmas, Birthday, Others)                |                  |               |                    |
| Personal Needs - Gym/Spa/Others                                     |                  |               |                    |
| Personal Needs - Perfume/Make-up/Rebond/Others                      |                  |               |                    |
| Recreation & Entertainment - Birthday Celebration                   |                  |               |                    |
| Recreation & Entertainment - Fiestas                                |                  |               |                    |
| Recreation & Entertainment - Fiestas                                |                  |               |                    |
| Recreation & Entertainment - Gambling & Others                      |                  |               |                    |
| Recreation & Entertainment - Movies, Date, Eating Out, Mall, Others |                  |               |                    |
| Recreation & Entertainment - Others                                 |                  |               |                    |
| Recreation & Entertainment - Smoking/Liquor/Others                  |                  |               |                    |
| Recreation & Entertainment - Vacation/Others                        |                  |               |                    |
| Taxes   |                  |               |                    |
| Toiletries/Laundry (soap, shampoo, etc)                             |                  |               |                    |
| Vehicle - Registration/Maintenance/Miscellaneous                    |                  |               |                    |
| Work Allowance (Food, Fare, others)                                 |                  |               |                    |
| Others _____  |                  |               |                    |
| Others _____  |                  |               |                    |
| Others _____  |                  |               |                    |
| Others _____  |                  |               |                    |
| Others _____  |                  |               |                    |
| Others _____  |                  |               |                    |
| Others _____  |                  |               |                    |
| <b>TOTAL MONTHLY EXPENSES</b>                                       |                  |               |                    |
|   |                  |               |                    |

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For the month of

| Category                          | Projected Amount | Actual Amount | Actual - Projected |
|-----------------------------------|------------------|---------------|--------------------|
| <b>SAVINGS</b>                    |                  |               |                    |
| Savings (Regular Monthly Savings) |                  |               |                    |
| Cooperative                       |                  |               |                    |
| Education Plan                    |                  |               |                    |
| Health Insurance                  |                  |               |                    |
| Home Insurance                    |                  |               |                    |
| Life Insurance                    |                  |               |                    |
| Memorial Plan                     |                  |               |                    |
| Retirement                        |                  |               |                    |
| Stocks                            |                  |               |                    |
| Vacation                          |                  |               |                    |
| Other _____                       |                  |               |                    |
| Other _____                       |                  |               |                    |
| Other _____                       |                  |               |                    |
| Other _____                       |                  |               |                    |
| <b>TOTAL MONTHLY SAVINGS</b>      |                  |               |                    |

|  |  |  |  |
|--|--|--|--|
| <b>BALANCE (Total Income=Total Savings+Total Expenses)</b> |  |  |  |
|--|--|--|--|