Expense Worksheet

Client's Name:

Date:

	Monthly	or	Annual
HOUSING			
Mortgage			
Condo Fees/ Association Fees			
Electricity/ Gas			
Water			
Garbage Removal			
Telephone/ PC			
Cable/ Sattelite TV/ Internet			
Security System			
Pool Service			
Lawn Service			
Maid Service			
Maintenance/ Improvements			
Property Taxes			
Pest/ Bug Service			
Homeowner's Insurance/ Other			
Total	0		0
CHILD CARE			
Support Payments			
Daycare/ Education			
Sports Activities			
Other			
Total	0		0
TRANSPORTATION			
Loan/ Lease Payment #1			
Loan/ Lease Payment #2			
Loan/ Lease Payment #3			
Gasoline			
Maintenance/ Improvements			
Registration/ Inspection/ Excise Tax			
Other			
Total			
GROCERIES			
Food/ Beverages			
Household supplies			
Other			
Other			
Total			

	Monthly	or	Annual
CLOTHING			
Client #1			
Client #2			
Children			
Total			
FURNISHINGS			
Inside/ Outside			
Total			
PERSONAL CARE AND CASH			
Dry Cleaning			
Hair/ Nails/ Facials			
Cosmetics/ Shoe Shine			
Massage			
Health Club			
Other			
Total			
MEDICAL/ DENTAL/ VISION			
Co-Pay(s)/ Deductibles			
Prescriptions/ Health Care Costs			
Vitamins			
Other			
Total			
EDUCATION SELF IMPROVEMENT			
Private School/ College			
Classes/ Books/ Paper			
Association Fees/ Subscriptions			
Hobbies/ Other			
Total			
INSTALLMENT DEBT PAYMENTS			
Student Loans			
Credit Cards			
Other			
Total			
PROFESSIONAL SERVICES			
Financial Planner			
Accountant			
Other			
Total			

	Monthly	or	Annual
ENTERTAINMENT			
Dining Out			
Sports Tickets			
Theater Tickets			
Recreation/ Hobbies			
Movies/ Videos			
Club Membership Fees			
Other			
Total			
VACATIONS AND HOLIDAY			
Travel Tickets			
Hotels			
Food			
Entertainment			
Auto			
Other			
Total			
CHARITABLE CONTRIBUTIONS			
Favorite Charity			
Cash Donations			
Other			
Total			
GIFTS			
Holidays			
Birthdays			
Weddings			
Other			
Total			
PETS			
Food			
Veterinarian			
Pet Insurance/ Other			
Total			
MISCELLANEOUS			
Support/ Alimony			
Other			
Other			
Total			