# SOCIETY OF ST. VINCENT DE PAUL

## MONTHLY EXPENSE WORKSHEET

**DATE _____**

| ITEM | DESCRIPTION OF EXPENSES | AMOUNT (Average Monthly) | |
|---|---|---|---|
| 1 | RENT/ MORTGAGE | | |
| 2 | ELECTRICITY | | |
| 3 | NATURAL GAS (Heating) | | |
| 4 | TELEPHONE: Do you have call waiting , caller ID, voice mail? | | |
| 5 | WATER/SEWER | | |
| 6 | CABLE TV Do you have pay per view? How many pay movie channels _____ | | |
| 7 | CAR Loan/Lease _____ Insurance _____ Repairs _____ Gas/Oil_____ | | |
| 8 | INSURANCE, Homeowners _____ Life _____ Health _____ | | |
| 9 | GROCERIES AND HOUSEHOLD SUPPLIES | | |
| 10 | NUMBER OF CREDIT CARDS _____ Total owed $_____ | | |
| 11 | MISCELLANEOUS EXPENSES (other loans, insurance, repairs, washer/dryer, fridge, etc.) | | |
| 12 | LAUNDRY, DRY CLEANING, GIFTS, CONTRIBUTIONS | | |
| 13 | CLOTHING: Shoes & Uniforms | | |
| 14 | DOCTOR / DENTIST / LAWYER BILLS | | |
| 15 | SUBSCRIPTIONS: Newspaper, Magazines, Books, | | |
| 16 | PRESCRIPTIONS, other medical expenses | | |
| 17 | BEAUTY CARE hair, nails, cosmetics | | |
| 18 | SCHOOL/TUITION LOANS: Children & Adult | | |
| 19 | BUS FARE or Other FARES | | |
| 20 | CHILD CARE, daycare, clothing, school supplies, allowances, lunches | | |
| 21 | OTHER EXPENSES: | | |
| | | | |
| | | | |
| | TOTAL MONTHLY EXPENSES | | |
| | TOTAL MONTHLY INCOME FROM OTHER SIDE | | |
| | Surplus, (Deficit) | | |