



Household Budget

Total Available for the Month of _____ : \$ _____

Amount Designated for Food: _____ For Clothing: _____

For All Other Household Expenses: _____

Actual Expenditures

	For The 1 st 2-Weeks	For the 2 nd 2-Weeks
Food: _____		
Clothing: _____		
Vitamins & OCD's: _____		
Diapers: _____		
Cleaners: _____		
Paper Products: _____		
Office / School Supplies: _____		
Household Maintenance: _____		
Craft Supplies: _____		
Gifts: _____		
Other: _____		

Total Household Expenses for the month: _____

