

# Monthly Budget Worksheet

**INCOME:**

Salary (after deductions) \_\_\_\_\_  
 Spouse salary (after deductions) \_\_\_\_\_  
 Investment income \_\_\_\_\_  
 Financial aid \_\_\_\_\_  
 Gifts \_\_\_\_\_  
 Other \_\_\_\_\_

**Total Fixed Income** \_\_\_\_\_

**FIXED EXPENSES:**

Tuition & fees \_\_\_\_\_  
 Books & supplies \_\_\_\_\_  
 Regular savings \_\_\_\_\_  
 Rent/mortgage \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Telephone (base rate) \_\_\_\_\_  
 Taxes (federal, state) \_\_\_\_\_  
 Vehicle payments \_\_\_\_\_  
 Other transportation \_\_\_\_\_  
 Credit card payments \_\_\_\_\_  
 Personal loans \_\_\_\_\_  
 Educational loans \_\_\_\_\_  
 Insurance (life and health) \_\_\_\_\_  
 Home/renter insurance \_\_\_\_\_  
 Auto insurance \_\_\_\_\_  
 Auto registration/taxes \_\_\_\_\_  
 Other \_\_\_\_\_

**Total Fixed Expenses** \_\_\_\_\_

**VARIABLE OR FLEXIBLE EXPENSES:**

Food/household supplies \_\_\_\_\_  
 Dining Out \_\_\_\_\_  
 Clothes \_\_\_\_\_  
 Laundry/dry cleaning \_\_\_\_\_  
 Gas, oil, auto maintenance \_\_\_\_\_  
 Parking \_\_\_\_\_  
 Medical/dental/eye care \_\_\_\_\_  
 Entertainment \_\_\_\_\_  
 Travel/vacation \_\_\_\_\_  
 Pets, supplies, food \_\_\_\_\_  
 Records & books \_\_\_\_\_  
 Personal care \_\_\_\_\_  
 Subscriptions \_\_\_\_\_  
 Cable TV and Internet \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Gifts \_\_\_\_\_  
 Charity/contributions \_\_\_\_\_  
 Savings for interviews/relocation \_\_\_\_\_  
 USMLE \_\_\_\_\_  
 Other \_\_\_\_\_

**Total Variable Expenses** \_\_\_\_\_

**Total Fixed Expenses +** \_\_\_\_\_

**Total Monthly Expenses =** \_\_\_\_\_

**Total Income** \_\_\_\_\_

**Less Total Expenses** \_\_\_\_\_

**Total Discretionary Income =** \_\_\_\_\_  
 (or Deficit)