
EXPENSE WORKSHEET

*Organizes budgetary and expense items to manage your
current and future cash flows.*



Client Name:

*A=Annually S=Semiannually Q=Quarterly M=Monthly

HOUSING EXPENSES	Previous Annual Amount	Expected Spending?	Frequency? A, S, Q, M*
Mortgage Payment / Rent			
Utilities			
Home Maintenance			
Property Tax			

NOTES

INSURANCE EXPENSES	Previous Annual Amount	Expected Spending?	Frequency? A, S, Q, M*
Auto			
Life			
Disability & LTC			
Property & Liability			
Medical			

NOTES

DISCRETIONARY EXPENSES	Previous Annual Amount	Expected Spending?	Frequency? A, S, Q, M*
Dining			
Entertainment			
Hobbies & Recreation			
Vacation & Travel			
Gifts			
Charitable Contributions			

NOTES

PERSONAL EXPENSES	Previous Annual Amount	Expected Spending?	Frequency? A, S, Q, M*
Groceries			
Child Care			
Clothing			
Personal Care & Grooming			
Auto Operation			
Medical & Dental			
Tuition			
Dues & Expenses			

NOTES
