

INCOME PER W/F/M	Amount	Date	Description
Basic Wage (after tax)	_____	_____	_____
Overtime/second Job	_____	_____	_____
Investments (e.g.rental income)	_____	_____	_____
Govt Allowances	_____	_____	_____
Child Support	_____	_____	_____
Other	_____	_____	_____
TOTAL INCOME	_____		

HOUSEHOLD	Amount	Date	Description
Mortgage/Rent	_____	_____	_____
Other	_____	_____	_____
TOTAL HOUSEHOLD	_____		

DEBT PAYMENTS	Amount	Date	Description
Car Loan	_____	_____	_____
Personal Loan	_____	_____	_____
Credit Card Payments	_____	_____	_____
Store Card Payments	_____	_____	_____
After Pay	_____	_____	_____
Hecs	_____	_____	_____
Other	_____	_____	_____
TOTAL DEBTS	_____		

FOOD & BEVERAGES	Amount	Date	Description
Groceries	_____	_____	_____
Eating Out	_____	_____	_____
Work day lunch/coffee	_____	_____	_____
Other	_____	_____	_____
TOTAL FOOD	_____		

UTILITIES

	Amount	Date	Description
Electricity	_____	_____	_____
Gas	_____	_____	_____
Internet	_____	_____	_____
Video Streaming Services	_____	_____	_____
Phone	_____	_____	_____
Mobiles	_____	_____	_____
Council Rates	_____	_____	_____
Water Rates	_____	_____	_____
Other	_____	_____	_____
TOTAL UTILITIES	_____		

CAR/TRANSPORT

	Amount	Date	Description
Fuel	_____	_____	_____
Car registration	_____	_____	_____
Car services	_____	_____	_____
Licence renewal	_____	_____	_____
Parking/Tolls	_____	_____	_____
Public transport	_____	_____	_____
Other	_____	_____	_____
TOTAL CAR/TRANSPORT	_____		

INSURANCES

	Amount	Date	Description
Health Insurance	_____	_____	_____
Life Insurance	_____	_____	_____
Home and Contents Insurance	_____	_____	_____
Car Insurance	_____	_____	_____
Other	_____	_____	_____
TOTAL INSURANCES	_____		

PERSONAL

	Amount	Date	Description
Entertainment (e.g. movies)	_____	_____	_____
Clothing	_____	_____	_____
Toiletries	_____	_____	_____
Magazines & Books	_____	_____	_____
Hobbies	_____	_____	_____
Other	_____	_____	_____
TOTAL PERSONAL	_____		

EDUCATIONAL

	Amount	Date	Description
Childcare	_____	_____	_____
School Fees	_____	_____	_____
Uniforms	_____	_____	_____
Books/Equipment	_____	_____	_____
Excursions	_____	_____	_____
Sport Tuition	_____	_____	_____
Creative Tuition (eg. Music)	_____	_____	_____
Other	_____	_____	_____
TOTAL EDUCATIONAL	_____		

HEALTH & WELLNESS

	Amount	Date	Description
Doctor	_____	_____	_____
Dentist	_____	_____	_____
Optometrist	_____	_____	_____
Physiotherapy	_____	_____	_____
Gym Fees	_____	_____	_____
Medications	_____	_____	_____
Other	_____	_____	_____
TOTAL HEALTH & WELLNESS	_____		

OTHER EXPENSES	Amount	Date	Description
Birthday gifts	_____	_____	_____
Christmas gifts	_____	_____	_____
Pocket Money	_____	_____	_____
Donations	_____	_____	_____
Child Support Payments	_____	_____	_____
Music Streaming Services	_____	_____	_____
Pet Expenses	_____	_____	_____
Other	_____	_____	_____
TOTAL OTHER EXPENSES	_____		

SAVINGS	Amount	Date	Description
General savings	_____	_____	_____
Emergency savings	_____	_____	_____
Special purpose savings	_____	_____	_____
Other	_____	_____	_____
TOTAL SAVINGS	_____		

TOTAL SPENDING _____

TOTAL INCOME minus **TOTAL SPENDING** = _____