## Record of Daily Expenditures

MONTH
YEAR
Day of Month

| Expense Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 1st Half Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Rent/Mortgage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Car payment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Car insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Savings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Food at home |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Meals on job |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| School lunches |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Meals away from home |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Electricity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gas/Heating |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water/Sewage/ Garbage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone/Internet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clothing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Uniforms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laundry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home cleaning supplies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gas/Oil/Lube |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Public transportation/ Parking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Child care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grooming |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reading materials/ Subscriptions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Streaming services/ Cable/Satellite |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigarettes/Tobacco/ Alcohol |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baby sitter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hobbies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor/Hospital |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dentist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medication |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## directions

1. Gather information about how your money was spent during the past month from your checkbook register, receipts, card bills, online statements, and any other financial records you have. This will help you get the most accurate information.
2. If you do not have complete financial records for the past month, begin recording all expenditures for the next several weeks on this worksheet.

## Record of Daily Expenditures

Page 2 of 2
Day of Month
MONTH
YEAR

| Expense Category | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | $2^{\text {nd }}$ Half Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Rent/mortgage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Car payment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Car insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Savings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Food at home |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Meals on Job |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| School lunches |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Meals away from home |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Electricity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gas/Heating |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water/Sewage/ Garbage |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone/Internet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clothing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Uniforms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laundry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Home cleaning supplies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gas/Oil/Lube |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Public transportation/ Parking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Child care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grooming |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reading materials/ Subscriptions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Streaming services/ Cable/Satellite |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cigarettes/Tobacco/ Alcohol |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Baby sitter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hobbies |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor/Hospital |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dentist |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Medication |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

