



Budget Worksheet: Off-Campus w/ Family

| Expense | What I Spend Now | What I Want To Spend | Actual Amount Spent |
|---------------------------------------------|-------------------------|-----------------------------|----------------------------|
| Savings | | | |
| Save for emergency fund | \$ | \$ | \$ |
| Financial goal #1: | \$ | \$ | \$ |
| Financial goal #2: | \$ | \$ | \$ |
| Financial goal #3: | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Housing | | | |
| Rent/ Mortgage Payment | \$ | \$ | \$ |
| Renters/ Home Insurance | \$ | \$ | \$ |
| Electricity | \$ | \$ | \$ |
| Gas | \$ | \$ | \$ |
| Internet | \$ | \$ | \$ |
| Cable/ Netflix, Hulu Plus, etc. | \$ | \$ | \$ |
| Water & Trash | \$ | \$ | \$ |
| Home repairs/ improvement | \$ | \$ | \$ |
| HOA Fees/ Other: | \$ | \$ | \$ |
| Food | | | |
| Groceries | \$ | \$ | \$ |
| Restaurants & Fast food | \$ | \$ | \$ |
| Gas station/ vending machine, etc. | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Transportation | | | |
| Gas | \$ | \$ | \$ |
| Car Payment | \$ | \$ | \$ |
| Car Insurance | \$ | \$ | \$ |
| Parking | \$ | \$ | \$ |
| License & Registration | \$ | \$ | \$ |
| Maintenance | \$ | \$ | \$ |
| Traffic tickets | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Debts | | | |
| Credit card minimum payment | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Entertainment | | | |
| Redbox/movie theatres | \$ | \$ | \$ |
| DVDs/ Video Games/ CDs | \$ | \$ | \$ |
| Concerts | \$ | \$ | \$ |
| Sporting Events | \$ | \$ | \$ |
| Alcohol/ Bars | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| School | | | |
| Tuition & fees (that still need to be paid) | \$ | \$ | \$ |
| Books (that still need to be bought) | \$ | \$ | \$ |
| Sorority/ Fraternity fees | \$ | \$ | \$ |
| Student Organization fees | \$ | \$ | \$ |
| School supplies | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Subtotals, page 1 | \$ | \$ | \$ |



UNIVERSITY OF NEBRASKA-LINCOLN
**STUDENT MONEY
 MANAGEMENT CENTER**

ASUN Student Government • Child, Youth & Family Studies • Student Affairs

| Expense | What I Spend Now | What I Want To Spend | Actual Amount Spent |
|------------------------------------------|-------------------------|-----------------------------|----------------------------|
| Personal | | | |
| Toiletries (Shampoo, soap, etc.) | \$ | \$ | \$ |
| Cosmetics | \$ | \$ | \$ |
| Clothes | \$ | \$ | \$ |
| Haircuts | \$ | \$ | \$ |
| Laundry | \$ | \$ | \$ |
| Health/Dental/Vision Insurance | \$ | \$ | \$ |
| Prescriptions/ Doctor visits | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Family | | | |
| Day Care/ Babysitting | \$ | \$ | \$ |
| Activities/ Lessons | \$ | \$ | \$ |
| Baby Items/ Diapers | \$ | \$ | \$ |
| School Supplies | \$ | \$ | \$ |
| Child Support/Alimony | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Misc. | | | |
| Cell phone | \$ | \$ | \$ |
| Charitable donations | \$ | \$ | \$ |
| Religious donations | \$ | \$ | \$ |
| Gym membership | \$ | \$ | \$ |
| Gifts | \$ | \$ | \$ |
| Cleaning supplies | \$ | \$ | \$ |
| Pets | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Subtotals, page 2 | \$ | \$ | \$ |
| + Subtotals, page 1 | \$ | \$ | \$ |
| = Total Expenses | \$ | \$ | \$ |
| Total Monthly Income (from below) | \$ | \$ | \$ |
| - Total Expenses (from above) | \$ | \$ | \$ |
| = Over/Under | \$ | \$ | \$ |

| Income | Monthly Amount |
|-----------------------------|-----------------------|
| Pay from job 1: (after tax) | \$ |
| Pay from job 2: | \$ |
| Pay from spouse's job: | \$ |
| Support from other family | \$ |
| Financial Aid/ Refund | \$ |
| Other: | \$ |
| Total Monthly Income | \$ |