

Record of Daily Expenditures

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MONTH _____

YEAR _____

	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	1st Half Total	
Fixed																			
	Savings																		
	Food at Home																		
	Meals on Job																		
	School Lunches																		
	Dinner Out																		
	Electricity																		
	Gas/Heating																		
	Water/Sewage/Garbage																		
	Telephone																		
	Clothing																		
	Uniforms																		
	Cleaning and Laundry																		
	Home Cleaning Supplies																		
	Gas/Oil/Lube																		
	Transportation																		
	Child Care																		
	Grooming																		
Variable	Books/Newspaper/ Magazines																		
	Movies/Sporting Events																		
	Parties/Clubbing/ Beverages																		
	Cigarettes/Tobacco/ Alcohol																		
	Baby Sitter																		
	Hobbies																		
	Books/Music/Video																		
	Doctor & Hospital																		
	Dentist																		
	Medicine																		
		Periodic Expenses																	
		Total																	

DIRECTIONS

1. Gather information about how your money was spent during the past month from your checkbook register, receipts, credit 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 the Expense Trackers Worksheet. *See Directions continued at the bottom of the next page.*

Record of Daily Expenditures (continued)

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MONTH _____

YEAR _____

	Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	2nd Half Total
Fixed																	
	Savings																
Variable	Food at Home																
	Meals on Job																
	School Lunches																
	Dinner Out																
	Electricity																
	Gas/Heating																
	Water/Sewage/Garbage																
	Telephone																
	Clothing																
	Uniforms																
	Cleaning and Laundry																
	Home Cleaning Supplies																
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	Hobbies																
	Books/Music/Video																
Doctor & Hospital																	
Dentist																	
Medicine																	
	Periodic Expenses																
	Total																

DIRECTIONS (continued)

3. Transfer these daily totals to the Record of Daily Expenditures (DE).
4. Complete the Budget Worksheet after you have at least 30 days of expenditure information.