

Track Your Spending
 (Step 1 in Personal Budget Development)

Week # _____



ITEM PURCHASED	PAYEE NAME/ DATE	AMOUNT	PYMT METHOD	ONLINE/ IN-STORE?	NEED/ WANT?	CATEGORY?	
							Food (Grocery)
							Dining Out
							Mort/Rent
							Utilities
							Household
							Pets
							Insurance
							Medical
							Personal
							Cell Phone
							Recreation
							Entertainment
							Gifts
							Memberships
							Debt
							Education
							Clothing
							Transportation
							Fees
							Other
TOTALS							