STUDENT BUDGET WORKSHEET

Semester: _____ Year: 20___

Student Name:

INCOME SOURCE	ESTIMATED	ACTUAL
Allowance / Family Contribution		
Part-time Job / Work Study		
Grants / Scholarships		
Savings Contribution		
TOTAL MONTHLY INCOME	**$**	**$**

FIXED EXPENSES	PLANNED	ACTUAL
Housing & Utilities		
Rent / Dorm Fees		
Electricity / Water / Gas		
Internet / Phone Plan		

FIXED EXPENSES	PLANNED	ACTUAL
Academic Costs		
Books & Lab Supplies		
Tuition Installments		
Daily Living		
Groceries / Meal Plan		
Transportation (Bus/Gas/Parking)		
Insurance (Health/Auto)		
Discretionary		
Dining Out / Entertainment		
Personal Care / Laundry		

FIXED EXPENSES	PLANNED	ACTUAL
Emergency / Miscellaneous		
TOTAL MONTHLY EXPENSES	**$**	**$**
NET SURPLUS / DEFICIT (Income - Expenses)		**$ _____**