# Daily Expense Journal

**Week of: ____/____/____ to ____/____/____**

**Instructions:** Track your spending each day under the daily column. At the end of each week, total your expense for each category and calculate your "Total Expenses." Use the blank spaces to add additional Items.

| Items | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Total Weekly Expenses |
|---|---|---|---|---|---|---|---|---|
| *Gas (Example)* | *$10.00* | *$0.00* | *$5.00* | *$0.00* | *$10.00* | *$0.00* | *$0.00* | *$25.00* |
| Transportation | | | | | | | | |
| Tolls | | | | | | | | |
| Gas | | | | | | | | |
| Restaurants | | | | | | | | |
| Take Out | | | | | | | | |
| Groceries | | | | | | | | |
| Laundry | | | | | | | | |
| Entertainment | | | | | | | | |
| Hygiene | | | | | | | | |
| Day Care | | | | | | | | |
| Coffee | | | | | | | | |
| Tobacco | | | | | | | | |
| Alcohol | | | | | | | | |
| Savings | | | | | | | | |
| Tithing | | | | | | | | |
| Other | | | | | | | | |
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# Monthly Expense Journal

**Month of: _____ Year: 20_____**

**Instructions: Copy your spending for each week into the appropriate areas. At the end of each month, total your expense for each category and calculate your "Total Expenses." Subtract your monthly expenses from your monthly income. Do you have excess money or are you minus? Look for ways to cut back your expenses.**

| Items | Week One | Week Two | Week Three | Week Four | Week Five | Total Monthly Expenses |
|---|---|---|---|---|---|---|
| Transportation | | | | | | |
| Tolls | | | | | | |
| Gas | | | | | | |
| Restaurants | | | | | | |
| Take Out | | | | | | |
| Groceries | | | | | | |
| Laundry | | | | | | |
| Entertainment | | | | | | |
| Hygiene | | | | | | |
| Day Care | | | | | | |
| Coffee | | | | | | |
| Tobacco | | | | | | |
| Alcohol | | | | | | |
| Savings | | | | | | |
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| **TOTALS** | | | | | | |