ROSALIND FRANKLIN UNIVERSITY of MEDICINE AND SCIENCE

Student Expense Budget Worksheet

Income (use gross income and indicate taxes withheld under expense category)	Your Monthly Estimate
Student loan refund balance*	$ 0.00
Parent/family support	$ 0.00
Government benefits	$ 0.00
Other Income:	$ 0.00
Total Monthly Income (add income columns)	$ 0.00

Expenses	Estimate of Monthly Expenses	Check if expense is a NEED	Check if expense is a WANT
Rent or Mortgage Payment	$ 0.00		
Electricity	$ 0.00		
Gas/Heat	$ 0.00		
Water/Sewer/Garbage	$ 0.00		
Cell Phone	$ 0.00		
Internet/Television Cable	$ 0.00		
Car Payment	$ 0.00		
Credit Card Payment	$ 0.00		
Car Insurance	$ 0.00		
Home/Renter's Insurance	$ 0.00		
Health Insurance**	$ 0.00		
Groceries/Meals at Home	$ 0.00		
Meals Out	$ 0.00		
Gas/Transportation	$ 0.00		
Auto Maintenance/Repairs/Tags	$ 0.00		
Clothing/Dry Cleaning/Laundry Mat	$ 0.00		
Cleaning Supplies	$ 0.00		
Hairdresser/Barber	$ 0.00		
School Activities	$ 0.00		
Doctor/Dentist/Perscriptions	$ 0.00		
Holiday/Birthday Gifts	$ 0.00		
Entertainment	$ 0.00		
Church/Charities	$ 0.00		
Gym Membership	$ 0.00		
Pet Expenses	$ 0.00		
Child Care	$ 0.00		
Other Expense:	$ 0.00		
Total Monthly Expenses (add expense columns)	$ 0.00		

Balance (Total Income minus Total Expenses)	$ 0.00

*divide balance over remaining months until next refund is received

**do not include as an expense if you are taking additional loans to cover your insurance cost