

# CAMBRIDGE

CREDIT COUNSELING CORP

## Weekly Expense Tracking

Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

EXPENSE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Groceries							
Gasoline							
Tolls							
Parking							
Bus/Subway/Train							
Restaurants							
Take-out/Fast Food							
Snacks							
Alcohol							
Clothing							
Shoes							
Dry Cleaning							
Movies							
Concerts							
Publications							
Hobbies							
Gifts							
Hygiene/Cosmetics							
Tobacco							
Tithing/Giving							
Entertainment							
Lunch (School,work)							
Coffee/Tea							
Other _____							
Other _____							
Other _____							
Other _____							