

Estimate of Monthly Expenditures

Company: _____

Contact: _____ Phone: _____

Please estimate, to the best of your ability, the amount you expect to spend in the expense categories listed below. (All accounts will not necessarily apply to your business). Leave blank those that do not apply.

Fill in the amount for **ONE MONTH**

Accounts

Trade Materials for Sale: \$ _____

Advertising: \$ _____

Auto Expense: \$ _____

Bank Charges: \$ _____

Commission: \$ _____

Contract Labor: \$ _____

Dues/Subscriptions: \$ _____

Insurance: \$ _____

Janitorial Service: \$ _____

Legal/Professional Services: \$ _____

Maintenance – Repairs: \$ _____

Miscellaneous: \$ _____

Office Expense: \$ _____

Outside Service: \$ _____

Rent: \$ _____

Salaries/Wages (Employees) \$ _____

Personal Drawing of Owner: \$ _____

Telephone: \$ _____

Travel: \$ _____

Utilities: \$ _____