

MONTHLY BUDGET

STARTING BALANCE

STARTING DEBT

MONTHLY INCOME

\$ _____

\$ _____

\$ _____

EXPENSES

HOUSING	BUDGET	SPENT	TRANSPORTATION	BUDGET	SPENT
RENT/MORTGAGE			CAR PAYMENT		
TAXES			CAR INSURANCE		
INSURANCE			GAS		
REPAIRS			MAINTENANCE		
TOTAL			TOTAL		

UTILITIES	BUDGET	SPENT	PERSONAL	BUDGET	SPENT
ELECTRIC			CHILD CARE		
GAS			ENTERTAINMENT		
SEWER/TRASH			CLOTHING		
INTERNET/CABLE			COSMETICS		
PHONE/CELL PHONE			MEDICAL		
TOTAL			TOTAL		

FOOD	BUDGET	SPENT	MEDICAL	BUDGET	SPENT
GROCERIES			DOCTOR BILLS		
RESTAURANTS			MEDICATION		
TOTAL			TOTAL		

CHARITY	BUDGET	SPENT	DEBTS	BUDGET	SPENT
TITHES			CREDIT CARDS		
CHARITY			LOAN		
TOTAL			TOTAL		

MONTHLY BUDGET

SAVINGS PLAN

STARTING BALANCE

\$ _____

MONTHLY GOAL

\$ _____

ENDING BALANCE

\$ _____

MONTHLY EXPENSES

DATE	LOCATION	DESCRIPTION	AMOUNT
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MONTHLY EXPENSES