

MONTHLY BUDGET

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

YEAR: _____

INCOME SOURCES

AMOUNT

PRIORITIZE THINGS TO BUY/PAY



TOTAL:

FIXED EXPENSES

BUDGET

SPENT

ADDITIONAL EXPENSES

BUDGET

SPENT

TOTAL:

TOTAL:

SAVINGS

AMOUNT

DEBT

PAID

TOTAL SAVINGS:

TOTAL PAID:

TOTAL BUDGET

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TOTAL SPENT

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