


# 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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