

Budget Planner

NAME _____ MONTH _____

SOURCE OF INCOME		\$ AMOUNT
1		\$
2		\$
3		\$
TOTAL		\$

EXPENCES

Bills Due:	Due Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total:	_____

Expences:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total:

Medical Expences:	Amount
_____	_____
_____	_____
_____	_____
	Total:

Miscelleneous Expences:	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total:

Shopping:	Amount
_____	_____
_____	_____
_____	_____
	Total:

NOTES:

Total Expences: \$ _____