Budget
BINDER

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Budget **BINDER**

MONTH AT A GLANCE

Month: _____

STARTING BALANCE: [ ]

BILLS

MORTGAGE	_____
HEALTH INSURANCE	_____
CAR INSURANCE	_____
HOMEOWNERS INSURANCE	_____
CAR PAYMENT	_____
CAR PAYMENT	_____
ELECTRIC	_____
GAS	_____
WATER	_____
PHONE	_____
CEL PHONE	_____
CREDIT CARD #1	_____
CREDIT CARD #2	_____
CREDIT CARD #3	_____
CREDIT CARD #4	_____

EXTRAS

EXPENSE _____
_____

EXPENSE _____
_____

EXPENSE _____
_____

SAVINGS

STARTING BALANCE: [ ]

DEPOSIT _____

DEPOSIT _____

EXTRA INCOME _____

ENDING BALANCE: [ ]

ENDING BALANCE: [ ]

GOALS FOR NEXT MONTH:

_____

_____

MONTH AT A GLANCE

Month: _____

STARTING BALANCE: [_____]

BILLS	

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EXTRAS

EXPENSE _____

_____

EXPENSE _____

_____

EXPENSE _____

_____

SAVINGS

STARTING BALANCE: [_____]

DEPOSIT _____

DEPOSIT _____

EXTRA INCOME _____

ENDING BALANCE: [_____]

ENDING BALANCE: [_____]

GOALS FOR NEXT MONTH:

_____

_____

MONTHLY
ledger

DATE	D/W	DESCRIPTION	AMOUNT	TOTAL

WEEKLY
ledger

DATE	D/W	DESCRIPTION	AMOUNT	TOTAL

SAVINGS
information

DATE	DESCRIPTION	AMT	BALANCE

OUTSTANDING DEBT
information

NAME	ACCOUNT #	AMT OWED

YEAR AT A GLANCE

Year: _____

MONTH	CHG ST	CHG END	SVG ST	SVG END
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

TOTALS:

CHECKING ACCOUNT: _____

SAVINGS ACCOUNT: _____

DEBT PAID DOWN: _____

OUTSTANDING DEBT: _____

Meals FOR THIS MONTH

SUN	MON	TUES	WEDS	THURS	FRI	SAT

Groceries LIST

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