## **BUDGET PLANNER**

MONTH OF

| INCOME    |          |                |                |
|-----------|----------|----------------|----------------|
|           |          |                |                |
| I         | EXPECTED | ACTUAL         | DIFFERENCE     |
| _         |          |                |                |
| Source 1  |          |                |                |
| -         |          |                | <del>-</del>   |
| Source 2  |          |                |                |
| -<br>-    |          |                |                |
|           |          | Total Income   |                |
|           |          | TOTAL INCOME   |                |
| EXPENSES  |          |                |                |
| EXPENSES  |          |                |                |
| BILLS     | CAR      |                | NOTES          |
| DILLS     | CAR      |                | NOTES          |
|           |          |                |                |
|           |          |                |                |
|           |          |                |                |
|           |          |                |                |
|           |          | 1              | _              |
|           | FOC      | DD             |                |
|           |          |                |                |
|           |          |                |                |
|           |          |                |                |
|           |          |                | _              |
| HOUSING   | SCH      | OOL & WORK     | PETS           |
|           |          |                |                |
|           |          |                | -              |
|           |          |                |                |
|           |          | VEL            | CHARITY        |
| HEALTH    | TRA      | VEL            | CHARITY        |
|           |          |                |                |
|           |          |                |                |
|           |          |                |                |
| UTILITIES | PER      | SONAL EXPENSES | EXTRA EXPENSES |
|           |          |                |                |
|           |          |                |                |
|           |          |                |                |
|           |          |                |                |