

Budget BINDER

MONTH AT A GLANCE

Month: _____

STARTING BALANCE: _____

BILLS		EXTRAS	
HOUSING _____	CAR INSURANCE _____	EXPENSE _____	EXPENSE _____
HOMEOWNERS ASSN _____	CAR PAYMENT _____	EXPENSE _____	EXPENSE _____
ELECTRIC _____	GAS _____	EXPENSE _____	EXPENSE _____
WATER _____	PHONE _____	SAVINGS	STARTING BALANCE: _____
INTERNET _____	CABLE _____	DEPOSIT _____	DEPOSIT _____
CEL. PHONE _____	CREDIT CARD #1 _____	EXTRA INCOME _____	ENDING BALANCE: _____
CREDIT CARD #2 _____	CREDIT CARD #3 _____		
CREDIT CARD #4 _____	GROCERIES _____		

ENDING BALANCE: _____

GOALS FOR NEXT MONTH: _____

MONTH AT A GLANCE

Month: _____

STARTING BALANCE: _____

EXTRAS
EXPENSE _____
EXPENSE _____
EXPENSE _____
SAVINGS
STARTING BALANCE: _____
DEPOSIT _____
DEPOSIT _____
EXTRA INCOME _____
ENDING BALANCE: _____

BALANCE: _____

FOR NEXT MONTH: _____

SAVINGS

DATE	DESCRIPTION

OUTSTANDING DEBT

NAME	ACCOUNT #	AMT OWED

MONTHLY

DATE	D/W	DESCRIPTION	AMOUNT	TOTAL

Meals FOR THIS MONTH

	SUN	MON	TUES	WEDS	THURS	FRI	SAT

Groceries LIST

<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>
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<input type="checkbox"/>	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>

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: _____

BUDGET BINDER
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