

# Budget BINDER

## MONTH AT A GLANCE

Month: \_\_\_\_\_

STARTING BALANCE: \_\_\_\_\_

<b>BILLS</b>	_____	<b>EXTRAS</b>	_____
HOUSING	_____	EXPENSE	_____
HEALTH INSURANCE	_____	EXPENSE	_____
CAR INSURANCE	_____	EXPENSE	_____
HOUSING RENT	_____	EXPENSE	_____
CAR PAYMENT	_____	EXPENSE	_____
CAR RENT	_____	EXPENSE	_____
ELECTRIC	_____	EXPENSE	_____
GAS	_____	EXPENSE	_____
WATER	_____	EXPENSE	_____
PHONE	_____	EXPENSE	_____
INTERNET	_____	EXPENSE	_____
CABLE	_____	EXPENSE	_____
CELL PHONE	_____	EXPENSE	_____
CREDIT CARD #1	_____	EXPENSE	_____
CREDIT CARD #2	_____	EXPENSE	_____
CREDIT CARD #3	_____	EXPENSE	_____
CREDIT CARD #4	_____	EXPENSE	_____
CREDIT CARD #5	_____	EXPENSE	_____
DEPOSIT	_____	EXPENSE	_____
GROceries	_____	EXPENSE	_____
	_____	EXPENSE	_____

ENDING BALANCE: \_\_\_\_\_

GOALS FOR NEXT MONTH: \_\_\_\_\_

## MONTH AT A GLANCE

Month: \_\_\_\_\_

STARTING BALANCE: \_\_\_\_\_

<b>EXTRAS</b>	_____
EXPENSE	_____
EXPENSE	_____
EXPENSE	_____
<b>SAVINGS</b>	_____
STARTING BALANCE	_____
DEPOSIT	_____
DEPOSIT	_____
EXTRA INCOME	_____
ENDING BALANCE	_____

ENDING BALANCE: \_\_\_\_\_

GOALS FOR NEXT MONTH: \_\_\_\_\_

## SAVINGS

information

DATE	DESCRIPTION

## OUTSTANDING DEBT

information

NAME	ACCOUNT #	AMT OWED

## MONTHLY

ledger

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"/>	_____
<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"/>	_____
<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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