Monthly Budget

Month: _____ Year: _____

Income source	Amount

Summary	Amount
Total income	
Total expenses	
Savings	
Debt payments	
Left over	

Expense	Budget	Actual	Difference / notes
Rent / mortgage			
Utilities			
Phone & internet			
Groceries			
Dining out			
Gas & transport			
Car payment			
Insurance			
Healthcare			
Childcare			
Subscriptions			
Personal care			
Clothing			
Gifts & donations			
Entertainment			
Pets			
Home & repairs			
Other			

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