



NAME:		BUDGET PLANNING										YEAR:	
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Rent/Mortgage Payment	Paid												
	Owed												
Oil/Gas/Propane	Paid												
	Owed												
Electric	Paid												
	Owed												
Water / Sewer	Paid												
	Owed												
Cell phone / Landline	Paid												
	Owed												
Cable / Internet	Paid												
	Owed												
Car Payment	Paid												
	Owed												
Credit Card Debt	Paid												
	Owed												
Car Insurance	Paid												
	Owed												
Gas for car	Paid												
	Owed												

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		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Health Insurance	Paid												
	Owed												
Medical Bills	Paid												
	Owed												
Child care costs	Paid												
	Owed												
Food / Clothing	Paid												
	Owed												
Other Expenses/Misc													
TOTAL PAID													
TOTAL OWED													
TOTAL EXPENSES													

NOTES: