



Income

	Category	Projected Amount	Actual Amount
Total Monthly Income	Income Source 1:		
	Income Source 2:		
	Other Income:		
	Total:		

Expenses

	Category	Projected Amount	Actual Amount
Housing	Mortgage/Rent:		
	Electricity:		
	Gas:		
	Water:		
	Trash:		
	Cable:		
	Phone:		
	Internet:		

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	Repairs:		
	Other:		
	Total:		

	Category	Projected Amount	Actual Amount
Transportation	Car Payment 1:		
	Car Payment 2:		
	Auto Insurance:		
	Fuel:		
	Repairs:		
	Total:		

	Category	Projected Amount	Actual Amount
Personal	Health Insurance:		
	Groceries:		
	Eating Out:		
	Entertainment:		
	Miscellaneous:		
	Total:		

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Debt Obligations	Category	Projected Amount	Actual Amount
	Student Loans:		
	Credit Card:		
	Personal Loan:		
	Other:		
	Total:		

Monthly Budget Balance	Category	Projected Amount	Actual Amount
	Total Income:		
	- Total Expenses:		
	Total Balance:		

Questions to Ask:

1. Did I do better or worse this month on my total “monthly budget balance”? _____
2. What could I have done differently this month to save more? _____
3. Can I start contributing to an emergency fund? _____
4. At this rate, how long will it take me to pay off my debts? _____
5. What area did I do well in, and what area do I need improvement in? _____

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