

MONTHLY BUDGET

Month/Year: _____

INCOME SOURCE	PLANNED	ACTUAL
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Primary Salary

Other / Side Hustle

Total Income		
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FIXED EXPENSES	BUDGETED	ACTUAL
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Housing (Rent/Mtg)

Utilities

Insurance

Transport/Fuel

Groceries

FIXED EXPENSES

BUDGETED

ACTUAL

Savings/Debt

Other

**TOTAL INCOME
TOTAL EXPENSES
NET BALANCE**