Monthly Budget

Monthly Budget

<u>Income</u>			<u>Income</u>		
Description	Amount	Date Received	Description	Amount	Date Received
Income #1			Income #1		_
Income #2			Income #2		
Income #3			Income #3		
Income #4			Income #4		-
TOTAL		-	TOTAL		-
<u>Expenses</u>			<u>Expenses</u>		
Description	Amount	Date Due	 Description	Amount	Date Due
Mortgage			Mortgage		
Electric Bill			Electric Bill		
Gas Bill			Gas Bill		
Water Bill			Water Bill		
Cell Phone			Cell Phone		
Auto Insurance			Auto Insurance		
Gasoline			Gasoline		
Bus / Parking Fees			Bus / Parking Fees		
Groceries			Groceries		
Household Repair			Household Repair		
Auto Repair			Auto Repair		
Other Debt*			Other Debt*		
		_			_
					_
		-			
					_
TOTAL		_	TOTAL		_
<u>Balance</u> INCOME -	EXPENSES	= ZERO	<u>Balance</u> INCOME -	EXPENSES	= ZERO
INCOIVIE -	EXPENSES	- 2ERO T 0	INCOIVIE -	EXPENSES	- 2ERO
*Transfor from Dob+ Co-	L	٦ ,	*Transfer from Dobt Care	whall Form	٧ ،
*Transfer from Debt Snowball Form.			*Transfer from Debt Snowball Form.		