

Use these offline Budget Plan to note your budget expenses for the month. The Budget Plan includes budget-line items for the following:

- Family Income
- Housing Expenses
- Transportation
- Family Care
- Living Expenses
- Family Entertainment
- Obligations
- Savings

Any questions or comments, visit our site at:

www.SayEducate.com/budget

Monthly Budget Plan

Month: _____

Family Income

| | Budget | Actual | | | |
|---------------------------------------|--------|--------|---------------------|-------|-------|
| | | Week1 | Week2 | Week3 | Week4 |
| Employment Income 1 | | | | | |
| Employment Income 2 | | | | | |
| Employment Income 3 | | | | | |
| Social Security Payments | | | | | |
| Alimony Payments | | | | | |
| Government Support Payments | | | | | |
| Investments | | | | | |
| Savings | | | | | |
| Other Income Payments | | | | | |
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| Total Month | | | | | |
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| Total Budget | \$ | \$ | Total Actual | | |
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| Variance (budget minus actual) | \$ | | | | |

Link to: www.SayEducate.com/budget
to find cost reduction tips and to
enter your data using our online budget planning form

Monthly Budget Plan

Month: _____

Housing Expenses

| | Budget |
|---------------------------------------|--------|
| Monthly Mortgage (including escrow) | |
| Monthly Rent | |
| Heating Costs | |
| Telephone | |
| Electricity | |
| Cable / Dish Services | |
| Gas / Propane | |
| Internet Connection | |
| Water / Sewage | |
| Repair Costs | |
| Trash Removal | |
| Home Improvement | |
| Maintenance | |
| Other | |
| Other | |
| Total | |
| | |
| Total Month | \$ |
| | |
| Variance (budget minus actual) | \$ |

| Actual | | | | |
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| | Week1 | Week2 | Week3 | Week4 |
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| \$ | | Total Actual | | |

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Monthly Budget Plan

Month: _____

Transportation

| | Budget |
|---------------------------------------|--------|
| Auto Loan Payment 1 | |
| Auto Loan Payment 2 | |
| Auto Loan Payment 3 | |
| Auto Insurance | |
| Gas / Oil | |
| Maintenance | |
| Taxes | |
| Licensing | |
| Parking | |
| Public Transportation | |
| Tolls | |
| Other | |
| Other | |
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| | |
| Total | |
| | |
| Total Month | \$ |
| | |
| Variance (budget minus actual) | \$ |

| Actual | | | | |
|--------|---------------------|-------|-------|-------|
| | Week1 | Week2 | Week3 | Week4 |
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| \$ | Total Actual | | | |

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Monthly Budget Plan

Month: _____

Family Care

| | Budget |
|---------------------------------------|--------|
| Health Insurance | |
| Disability Insurance | |
| Life Insurance | |
| Other Insurance | |
| Doctor / Hospital Visits | |
| Dentist Visits | |
| Eye Care | |
| Veterinarian | |
| Prescriptions | |
| Over-the-Counter Medications | |
| Child Care | |
| Elder Care | |
| Health Clubs | |
| Other Dues | |
| Other Care | |
| Total | |
| | |
| Total Month | \$ |
| | |
| Variance (budget minus actual) | \$ |

| Actual | | | |
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| \$ | Total Actual | | |

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Monthly Budget Plan

Month: _____

Living Expenses

| | Budget |
|---------------------------------------|--------|
| Essential Groceries | |
| Non-Essential Groceries | |
| Home Living Supplies | |
| Vendor Snacks, Coffee, Donuts | |
| Work/School-Related Lunches | |
| Pet Food | |
| Adult Clothing | |
| Children's Clothing | |
| Work Clothes | |
| Education Expenses | |
| House Cleaning Services | |
| Garden Care Services | |
| Postage | |
| Other Living Expenses | |
| Other Living Expenses | |
| Total | |
| | |
| Total Month | \$ |
| | |
| Variance (budget minus actual) | \$ |

| Actual | | | |
|--------|-------|---------------------|-------|
| Week1 | Week2 | Week3 | Week4 |
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| \$ | | Total Actual | |

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Monthly Budget Plan

Month: _____

Family Entertainment

| | Budget |
|---------------------------------------|--------|
| Dining Out | |
| Movies Out | |
| Other Outside Entertainment | |
| Movie Rentals | |
| Cigarettes, Beer, Wine, Liquor | |
| Lottery Tickets | |
| Casino / Other Gambling | |
| Birthdays / Anniversaries | |
| Holidays | |
| Weekend / Day Trips | |
| Vacation Travel | |
| Other | |
| Other | |
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| Total | |
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| Total Month | \$ |
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| Variance (budget minus actual) | \$ |

| Actual | | | | |
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| | Week1 | Week2 | Week3 | Week4 |
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| | \$ | Total Actual | | |

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Monthly Budget Plan

Month: _____

Obligations

| | Budget |
|---------------------------------------|--------|
| Credit Card Payment 1 | |
| Credit Card Payment 2 | |
| Credit Card Payment 3 | |
| Credit Card Payment 4 | |
| Student Loan Payments | |
| Home Equity Loan/Line Payments | |
| Personal Loan Payments 1 | |
| Personal Loan Payments 2 | |
| Alimony / Child Support Payments | |
| Other Support Payments | |
| Liens or Judgments | |
| Other Property Tax Payments | |
| Charitable Donations | |
| Other | |
| | |
| Total | |
| | |
| Total Month | \$ |
| | |
| Variance (budget minus actual) | \$ |

| Actual | | | |
|--------|---------------------|-------|-------|
| Week1 | Week2 | Week3 | Week4 |
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| \$ | Total Actual | | |

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Monthly Budget Plan

Month: _____

Savings

| | Budget | Actual | | | |
|---------------------------------------|--------|--------|---------------------|-------|-------|
| | | Week1 | Week2 | Week3 | Week4 |
| 401K Contributions | | | | | |
| IRA Contributions | | | | | |
| Monthly Investment Deposits | | | | | |
| College Savings Deposits | | | | | |
| Retirement Savings Deposits | | | | | |
| General Savings Deposits | | | | | |
| Financial Goal: | | | | | |
| Financial Goal: | | | | | |
| Financial Goal: | | | | | |
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| Total | | | | | |
| | | | | | |
| Total Month | \$ | \$ | Total Actual | | |
| | | | | | |
| Variance (budget minus actual) | \$ | | | | |

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End of Month

| | Budget | Actual | Diff (+,-) |
|-----------------------------------|--------|--------|------------|
| Income | | | |
| Housing | | | |
| Transportation | | | |
| Family Care | | | |
| Family Living | | | |
| Family Entertainment | | | |
| Obligations | | | |
| Savings | | | |
| Other | | | |
| Total (income minus spend) | | | |

| | |
|-----------------------|-----------|
| Variance (+,-) | \$ |
|-----------------------|-----------|

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