Month _____

Item	Budget Amount	Actual Amount
Income:		
1. Total Income:		
Deductions:		
Taxes		
Insurance		
HSA		
Flex Spending accounts		
401K (Other Savings)		
2. Total Deductions:		
3. Money for Expenses:		
Fixed Monthly Expenses:		
Mortgage		
Car Payment		
Student Loan		
4. Total Fixed Expenses:		
Variable Expenses:		
Cash		
Groceries		
Dinner Out		
5. Total Variable Expenses:		
6. Cash after Expenses:		
7. Flex Accounts Money:		
8. Money at the End of Month:		

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