

MONTHLY BUDGET ORGANIZATION KIT

Monthly Budget

EXPENSES

DESCRIPTION	AMOUNT	PAID <input type="checkbox"/>	PAID <input type="checkbox"/>
Rent		<input type="checkbox"/>	<input type="checkbox"/>
Insurance		<input type="checkbox"/>	<input type="checkbox"/>
Utilities		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

VARIABLE EXPENSES

DESCRIPTION	AMOUNT	CATEGORY	PAID <input type="checkbox"/>

SUMMARY SUMMARY

CATEGORY	PLANNED	ACTUAL	BALANCE	DIFFERENCE
Income				
Expenses				
Divng Out				
Balance				



Radiate Positivity



Balance is Key



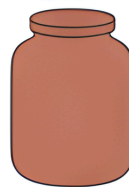
Find Your Flow

SUMMARY & MOTIVATION

CATEGORY	PLANNED	ACTUAL	ACTUAL	DIFFERENCE
Income				
Expenses				
Savings				
Balance				

INCOME & SAVINGS

SOURCE	PLANNED	ACTUAL	ACTUAL	RECEIVED
Insurance				
RECEIVED				



Travel Fund

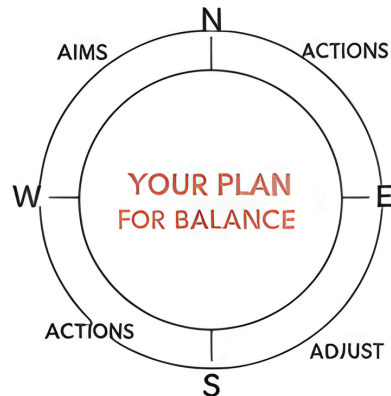


Emergency Fund



Achieved

INCOME & SAVINGS



MONTHLY PLANNING COMPASS

TASK	ACTION	AUDIT OR CHECKLIST
	Review Spending	<input type="checkbox"/>
	Get tools	<input type="checkbox"/>
	Set Goals	<input type="checkbox"/>
TASK	Certifikogjot	<input type="checkbox"/>
	Adjust Budget	<input type="checkbox"/>
	Adjust Budget	<input type="checkbox"/>
	Celebrate Wins	<input type="checkbox"/>

MONTHLY BUDGET

INCOME	Budgeted	Actual	Sudgeted (bpt)

MONTHLY EXPENSES

	Category	Budgeted	Budgeted	Actual	Difference
1					
2					
3					
3					
4					
5					
6					
9					
10					
12					
11					
13					
14					
23					
26					
27					
20					
20					

FINANCIAL GOALS

MONTHLY REFLECTION

WEEKLY HABIT & SPEND TRACKER

WEEK 1

DAY	Tue	Wed	Fri	Sat	SPEND
Mon	Tue	Thu	Fri	Sun	






NO SPEND DAY

WEEK 2

DAY	Tue	Wed	Fri	Sat	SPEND
Mon	Tue	Thu	Fri	Sun	







NO SPEND DAY

WEEK 2

DAY	Tue	Wed	Fri	Sat	SPEND
Mon	Tue	Thu	Fri	Sun	



NO SPEND DAY

WEEK 8

DAY	Tue	Wed	Fri	Sat	SPEND
Mon	Tue	Thu	Fri	Sun	






NO SPEND DAY

WEEK 3

DAY	Tue	Wed	Fri	Sat	SPEND
Mon	Tue	Thu	Fri	Sun	






NO SPEND DAY

WEEK 4

DAY	Tue	Wed	Fri	Sat	SPEND
Mon	Tue	Thu	Fri	Sun	






NO SPEND DAY



TRAVEL



GADGETS



CLOTHES



RAINY DAY

FIXED BILLS

- Rent _____
- Utilities _____
- Utilities _____
- Insurance _____
- Insurance _____
- Amount: _____

INCOME STREAMS

- Main Job _____
- Freelance: _____
- Mabigus: _____
- Cralem _____
- Stregun _____
- Amount: _____

MONTHLY PLANNING COMPASS



MONTHLY AUDIT CHECKLIST

- | | |
|--|--|
| <input checked="" type="checkbox"/> Tracked All Spending | <input checked="" type="checkbox"/> Tracked All Spending |
| <input type="checkbox"/> Paid Bills On Time | <input type="checkbox"/> Paid Bills On Time |
| <input type="checkbox"/> Separated | <input type="checkbox"/> |
| <input type="checkbox"/> Reviewed Goals | <input type="checkbox"/> Reviewed Goals |
| <input type="checkbox"/> First put On track | <input type="checkbox"/> Reviewed Goals |
| <input type="checkbox"/> | <input type="checkbox"/> |