

INCOME & SPENDING FOR

Month: _____ Year _____

	Income	Tithe/Giving	Taxes	Housing	Food	Vehicle	Insurance	Debts	Entertain.	Clothing	Medical	Miscell.	Childcare	Savings
Date														
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2														
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30														
31														
TOTAL														

Once you have kept track of your spending for the month, these amounts can be transferred to your Budget form to the "Actual" Column.