## MONTHLY BUDGET

## **MONTH OF:**

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INCOME					
DATE	SOURCE	CATEGORY	AMOUNT		

<b>ESSENTIAL OUTGOINGS</b>				
DATE	SOURCE	AMOUNT		

OTHER OUTGOINGS				
DATE	SOURCE	AMOUNT		

TOTAL			
SOURCE	AMOUNT		
INCOME			
ESSENTIAL OUTGOINGS			
OTHER OUTGOINGS			
BALANCE			

