



Pet Expense Budget Planner Printable PDF

Take control of your finances

17 Month: _____

17 Year: _____

TOTAL INCOME

\$ _____

TOTAL EXPENSES

\$ _____

BALANCE

\$ _____

Income Sources

Source	Expected	Actual	Date Received
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
TOTAL	\$	\$	

Fixed Expenses

Category	Budgeted	Actual	Due	Paid
Rent/Mortgage	\$	\$		<input type="checkbox"/>
Utilities	\$	\$		<input type="checkbox"/>
Insurance	\$	\$		<input type="checkbox"/>
Phone	\$	\$		<input type="checkbox"/>
Subscriptions	\$	\$		<input type="checkbox"/>
Car Payment	\$	\$		<input type="checkbox"/>
	\$	\$		<input type="checkbox"/>
	\$	\$		<input type="checkbox"/>
TOTAL	\$	\$		

Variable Expenses

Category	Budgeted	Actual	+/- Difference
Groceries	\$	\$	\$
Gas/Transport	\$	\$	\$
Dining Out	\$	\$	\$
Entertainment	\$	\$	\$
Shopping	\$	\$	\$
Health	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$	\$	\$

Savings Goals

Goal	Target	Saved
	\$	\$
	\$	\$
	\$	\$

Monthly Reflection

"Rich is not what you have, it's what you keep."