Learning with Angie
Budget Planner

$ Annual Financial Goal $

	Year:

Goal:
_____

Action Steps:

◯ _____   ◯ _____

◯ _____   ◯ _____

◯ _____   ◯ _____

Start Date: _____   Date Achieved: _____

Goal:
_____

Action Steps:

◯ _____   ◯ _____

◯ _____   ◯ _____

◯ _____   ◯ _____

Start Date: _____   Date Achieved: _____

Goal:
_____

Action Steps:

◯ _____   ◯ _____

◯ _____   ◯ _____

◯ _____   ◯ _____

Start Date: _____   Date Achieved: _____

💲 Annual Financial Overview 💲

Year: _____

Savings Balance: _____

Savings Goal: _____

Income Goal: _____

Debt Balance: _____

Debt Payoff Balance: _____

Month	Income	Expenses	Debt Paid	Opening Balance	Closing Balance
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
TOTAL					

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Monthly Budget

Month: _____ | Year: _____

Home	Amount	Due Date

Utilities	Amount	Due Date

Debt Payments	Amount	Due Date

Transportation	Amount	Due Date

Insurance	Amount	Due Date

Miscellanous	Amount	Due Date

Total Due	
Total Wages	
Total Leftover	

💲 Monthly Budget Reflection

Month: _____

Total Income: _____

Total Expenses: _____

Difference: _____

Balance: _____

Financial Wins This Month:

1.	
2.	
3.	

Over Budget Categories	Under Budget Categories
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

What I learned this month by tracking my finances?

_____
_____
_____
_____

How can next month be better?

_____
_____
_____
_____

Monthly Summary

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

$ **Weekly Budget** $

Month: _____ | Last Week Outcoming: _____

	Monday	Tuesday	Wednesday	Thursday
Incoming				
Spending				
Planned				
Extra				
Total				

	Friday	Saturday	Sunday	Notes
Incoming				
Spending				
Planned				
				Planned Budget
				Actual Outcoming
Extra				
				Difference
Total				

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💲 Weekly Spending Log 💲

Week of: _____ | Month: _____

MONDAY

Item	Category	Amount
Total	$	

TUESDAY

Item	Category	Amount
Total	$	

WEDNESDAY

Item	Category	Amount
Total	$	

THURSDAY

Item	Category	Amount
Total	$	

FRIDAY

Item	Category	Amount
Total	$	

WEEKEND

Item	Category	Amount
Total	$	

Weekly Check-In

Budget & Spending | **Month:** _____

	Category	Budget	Spent	Amount Left
Week 1				

	Category	Budget	Spent	Amount Left
Week 2				

	Category	Budget	Spent	Amount Left
Week 3				

	Category	Budget	Spent	Amount Left
Week 4				