




Simple Budgeting

STEP	PROCEDURE	
1	Set your goal.	
2	List ALL of your expenses by month.	
3	Multiply each category by 12 to determine total spend for the year.	
4	Determine your monthly income.	
5	Multiply it by 12 to determine the total sales for the year.	
6	Compare it to the total expenses by month.	
7	Track it. Analyze and make course corrections.	

NOTE: These steps should be implemented on a minimum of a quarterly basis depending on how large or small your business is. Remember the key to financial organization and ultimately financial success is to **gain and maintain control** over you financial affairs.

Monthly Budget

Date: _____

	Actual Cash Spent	% of Sales	Current Budget	% of Sales	Variance (Under) Over	% of Budget
Sales & Revenue						
Gross Sales						
Sales Discount						
Sales Refunds						
Total Sales & Revenue		0.0%		0.0%		
Cost of Sales						
Materials						
Supplies						
Other Direct Costs						
Total Cost of Sales *		0.0%		0.0%		
General & Administrative Costs						
Advertising & Marketing						
Automobile						
Computer & Internet						
Dues & Subscriptions						
Insurance						
Interest						
Legal and other professional fees						
Licenses and permits						
Office Supplies & Expense						
Payroll Service Fee						
Postage & Delivery						
Rent						
Repairs & Maintenance						
Salaries						
Taxes, Payroll						
Taxes, Property						
Telephone						
Utilities						
Website						
Total General & Admin						
Net Profit (Loss)						

GOAL AMOUNT MONTH 1 MONTH 2 MONTH 3

BILLS (3 MONTHS)

Car Insurance	-	-	-	-
Car Notes	-	-	-	-
Cell Phone	-	-	-	-
Child Care	-	-	-	-
Credit Cards (min)	-	-	-	-
Electric	-	-	-	-
Equity LOC	-	-	-	-
Groceries	-	-	-	-
Home Phone	-	-	-	-
Home Warranty	-	-	-	-
Life Insurance	-	-	-	-
Mortgage	-	-	-	-
Other	-	-	-	-
Security	-	-	-	-
Water	-	-	-	-

-	-	-	-
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SAVINGS

College Funds	-	-	-	-
Home Repairs	-	-	-	-
Personnel	-	-	-	-
Retirement	-	-	-	-
Vacation	-	-	-	-

-	-	-	-
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Last Name Budget

Monthly Income	Amt
SPOUSE 1	
SPOUSE 2	
ADDITIONAL	

Budgeted Family	Average Monthly Expenses	Money Needed Weekly
Last Name	-	-

Income per month	January	February	March	April	May	June	July	August	September	October	November	December	Year End
SPOUSE 1	-	-	-	-	-	-	-	-	-	-	-	-	-
SPOUSE 2	-	-	-	-	-	-	-	-	-	-	-	-	-
ADDITIONAL	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Income	-	-	-	-	-	-	-	-	-	-	-	-	-
Expenses	January	February	March	April	May	June	July	August	September	October	November	December	Year End
Car Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Car Notes	-	-	-	-	-	-	-	-	-	-	-	-	-
Cell Phone	-	-	-	-	-	-	-	-	-	-	-	-	-
Child Care	-	-	-	-	-	-	-	-	-	-	-	-	-
Credit Cards (min)	-	-	-	-	-	-	-	-	-	-	-	-	-
Electric	-	-	-	-	-	-	-	-	-	-	-	-	-
Equity LOC	-	-	-	-	-	-	-	-	-	-	-	-	-
Groceries	-	-	-	-	-	-	-	-	-	-	-	-	-
Home Phone	-	-	-	-	-	-	-	-	-	-	-	-	-
Home Warranty	-	-	-	-	-	-	-	-	-	-	-	-	-
Life Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Mortgage	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Security	-	-	-	-	-	-	-	-	-	-	-	-	-
Water	-	-	-	-	-	-	-	-	-	-	-	-	-
College Funds	-	-	-	-	-	-	-	-	-	-	-	-	-
Home Repairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Personnel	-	-	-	-	-	-	-	-	-	-	-	-	-
Retirement	-	-	-	-	-	-	-	-	-	-	-	-	-
Vacation	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Monthly left over	-	-	-	-	-	-	-	-	-	-	-	-	-