

Family budget planner

Bills, groceries, kids and goals on paper, where everyone can see the plan.

Family _____ Year _____

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Family budget

Sit down once a month and fill this in together.

Month _____ Year _____

Income

Item	Planned	Actual
Parent 1	$	$
Parent 2	$	$
Child support or benefits	$	$
Other	$	$
Total	$	$

Home

Item	Planned	Actual
Rent or mortgage	$	$
Utilities	$	$
Phones and internet	$	$
Insurance	$	$
	$	$
Total	$	$

Food

Item	Planned	Actual
Groceries	$	$
School lunches	$	$
Eating out	$	$
Total	$	$

Kids

Item	Planned	Actual
Childcare	$	$
School fees	$	$
Activities	$	$
Clothes and shoes	$	$
Allowance	$	$
	$	$
Total	$	$

Car

Item	Planned	Actual
Payment	$	$
Gas	$	$
Upkeep	$	$
Total	$	$

Debt and savings

Item	Planned	Actual
Debt payments	$	$
Emergency fund	$	$
Kids savings	$	$
Family goal	$	$
Total	$	$

Income	Spending	Savings	Left over
$	$	$	$

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Kids costs

One column per child. Great for seeing the year ahead.

Year _____

	Child	Child	Child	Child	Due
Childcare	$	$	$	$	
School supplies	$	$	$	$	
School trips	$	$	$	$	
Sports	$	$	$	$	
Music or classes	$	$	$	$	
Camp	$	$	$	$	
Clothes	$	$	$	$	
Shoes	$	$	$	$	
Haircuts	$	$	$	$	
Doctor and dentist	$	$	$	$	
Birthday	$	$	$	$	
Gifts for friends	$	$	$	$	
Phone	$	$	$	$	
Savings	$	$	$	$	
	$	$	$	$	
	$	$	$	$	
Total	$	$	$	$	

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Family money meeting

Fifteen minutes, snacks allowed.

Date _____ Who is here _____

What we are saving for

What went well

Big costs coming up

Ideas to spend less

On the agenda

- [ ] Check the calendar for birthdays and trips
- [ ] Choose dinners for the week
- [ ] Pay allowance
- [ ] Plan one free family day
- [ ] Look at the savings chart
- [ ] Pick one thing to skip

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Chores and allowance

Tick each day a job is done. Split the money between spend, save and share.

Week of _____ Name _____

Job	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Pays
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$
	☐	☐	☐	☐	☐	☐	☐	$

Earned	Spend	Save	Share
$	$	$	$

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Family bills

Print one a month. Sort your bills by due date so nothing is missed.

Month _____ Year _____

Paid	Bill	Due date	Amount due	Amount paid	Confirmation or note
☐			$	$	
☐			$	$	
☐			$	$	
☐			$	$	
☐			$	$	
☐			$	$	
☐			$	$	
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☐			$	$	
☐			$	$	
☐			$	$	
	Total		$	$	

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Savings goals

One box for each goal. Color a square for every 10% you reach.

Goal _____

Amount $ _____

Target date _____

Per month $ _____

10 20 30 40 50 60 70 80 90 100

Goal _____

Amount $ _____

Target date _____

Per month $ _____

10 20 30 40 50 60 70 80 90 100

Goal _____

Amount $ _____

Target date _____

Per month $ _____

10 20 30 40 50 60 70 80 90 100

Goal _____

Amount $ _____

Target date _____

Per month $ _____

10 20 30 40 50 60 70 80 90 100

Goal _____

Amount $ _____

Target date _____

Per month $ _____

10 20 30 40 50 60 70 80 90 100

Goal _____

Amount $ _____

Target date _____

Per month $ _____

10 20 30 40 50 60 70 80 90 100

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