## Expenses

MONTH:			YEAR:			
DATE	ITEM	AMOL	TNU	SPEN	NT	LEFT OVER

|--|--|

SOURCE OF INCOME	AMOUNT	MONTH OF:
		MY GOALS
		WT GOALS
		0
		0
		0
TOTAL INCOME		0

CATEGORY	LIMIT	PAID	ACHIEVED	NOTES

TOTAL INCOME	TOTAL EXPENSES	DIFFERENCE