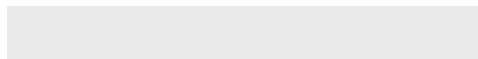


# My *Business Planner*

**Business planner**

**Ultimate**

*Business Planner*



MISSION STATEMENT  
& *business strategy*

# DETERMINE *your value*

WHAT IS THE PURPOSE BEHIND YOUR BUSINESS

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HOW DOES YOUR SERVICE/PRODUCT SERVE YOUR IDEAL CLIENT? HOW DOES IT HELP THEM?

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WHAT GAP IN THE MARKET WILL YOU BE ABLE TO FILL?

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# BUSINESS PLAN *summary*

BUSINESS NAME:

## CONTACT DETAILS

EMAIL ADDRESS - \_\_\_\_\_

PHONE NUMBERS - \_\_\_\_\_

## SOCIAL MEDIA HANDLES

FACEBOOK - \_\_\_\_\_ LINKEDIN - \_\_\_\_\_

INSTAGRAM - \_\_\_\_\_ PINTEREST - \_\_\_\_\_

TWITTER - \_\_\_\_\_ OTHER - \_\_\_\_\_

## PRODUCT SUMMARY

A brief description of your products and niche

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## WHAT PROBLEM DO YOU SOLVE

What pain point, stressor or problem are you solving in your ideal clients life

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## WHAT IS YOUR SOLUTION

How does your product solve this specific problem, stressor or pain point in their life

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# LET'S DO SOME *market research*

**Competitor Analysis** -The purpose of this is to determine the strengths and weaknesses of the competitors within your market, strategies that will provide you with a distinct advantage, the barriers that can be developed to prevent competition from entering your market, and any weaknesses.

Remember to choose 2 competitors in the same niche as you and with VERY similar if not the same products.

<b>ANALYZE</b>	<b>ME</b>	<b>COMPETITOR 1</b>	<b>COMPETITOR 2</b>
<b>STRENGTHS</b>			
<b>WEAKNESSES</b>			
<b>TOP PRODUCT</b>			
<b>TOP ADVANTAGE</b>			
<b>THREATS</b>			

MY BUSINESS

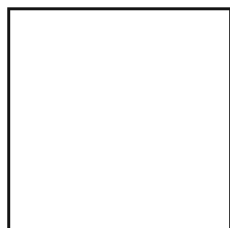
*overview*



# BRAND *board*

## LOGO

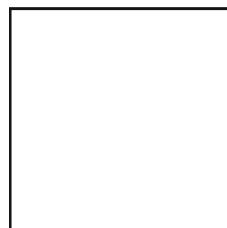
ALTERNATIVE  
LOGO



MAIN LOGO



SUB LOGO



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## FONTS

HEADING 1

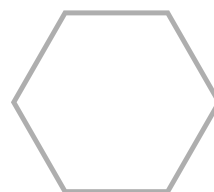
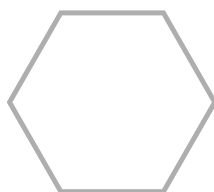
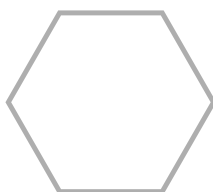
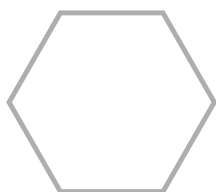
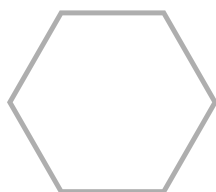


HEADING 2



BODY

## COLORS



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PATTERNS



SOCIAL MEDIA ICONS



TEXTURES



# SHOP *overview*

## ANNOUNCEMENT IDEAS

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## SHOP UPDATE IDEAS

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## ABOUT ME SECTION - SHOP DESCRIPTION

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# THE HEART OF MY *shop*

## WHY I CHOSE MY SHOP NAME

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## VALUES OF MY SHOP

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## MISSION STATEMENT

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## TEAM MEMBERS

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## OUR STRENGTHS

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## FUTURE OPPORTUNITIES FOR MY BUSINESS

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MY SHOP *policies*

**SHIPPING & HANDLING**

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**PROCESSING TIME**

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**RETURNS & EXCHANGES**

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**OTHER -**

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# VISUALIZE *your shop*

YOU CAN MAKE NOTES, SKETCHES AND VISUALIZE WHAT YOUR SHOP WILL LOOK LIKE OVER HERE. GO WILD!

**BANNER**



**SHOP LOGO**

SHOP NAME - \_\_\_\_\_

SHOP TITLE - \_\_\_\_\_

**YOUR SHOP SECTIONS**



**OWNER NAME &  
PICTURE**

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**ANNOUNCEMENT TAB**

**LATEST SHOP UPDATE**

FREQUENTLY ASKED

*questions*

**QUESTION -**

**ANSWER -**

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**QUESTION -**

**ANSWER -**

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**QUESTION -**

**ANSWER -**

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**QUESTION -**

**ANSWER -**

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GOALS &  
*productivity*

MY SHOPS

# *future vision*

GOAL & VISION

ACTION PLAN

**3  
MONTHS**

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GOAL & VISION

ACTION PLAN

**6  
MONTHS**

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GOAL & VISION

ACTION PLAN

**1  
YEAR**

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# START-UP *to-do list*

Date -

## HIGH PRIORITY

## LOW PRIORITY

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NOTES

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# THINGS I *need to do*

MONTH -

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WEEK -

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“

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MONDAY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

TUESDAY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

WEDNESDAY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

THURSDAY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

FRIDAY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

SATURDAY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

SUNDAY

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

IMPORTANT NOTES

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# DAILY *planner*

**Date:** \_\_\_\_\_

**Habit:** \_\_\_\_\_

APPOINTMENTS

PERSONAL TO-DO

BUSINESS TO-DO

TOP 3 PRIORITIES

NOTES

WATER  
INTAKE



B

BREAKFAST



L

LUNCH



D

DINNER



S

SNACKS

CALLS TO MAKE

EMAILS TO SEND

“

Inspiration

”



# MONTHLY *planner*

MONTH - \_\_\_\_\_

MAIN FOCUS - \_\_\_\_\_

WEEK 1

WEEK 2

WEEK 3

WEEK 4

## TO-DO LIST

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

NOTES

# PROJECT *planner*

START DATE

END DATE

OBJECTIVE OF PROJECT

MILESTONES

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

TASK

ASSIGNED TO

DONE

NOTES



# S.M.A.R.T *goals*

## INSTRUCTIONS

Specific - Identify a specific goal that is detail orientated  
Measurable - How will you measure or track the goal you're working towards  
Attainable - What actions, skills, and resources will help you achieve the goal  
Relevant - How does this goal align with your long-term goals and aspirations  
Time-orientated - What is the time frame that you want to complete this goal by

SPECIFIC

MEASURABLE

ATTAINABLE

RELEVANT

TIME-ORIENTATED



# PRIORITY *matrix*

## INSTRUCTIONS

List all the tasks you need to get done in the priority matrix below. Start with the most important and most urgent. The priority matrix will help you determine what needs to get done now and how you can better balance all the tasks that you need to do.

	DO NOW	DO LATER
IMPORTANT	<b>GET IT DONE</b> (Important & urgent)	<b>SCHEDULE IT</b> (Important - not urgent)
NOT IMPORTANT	<b>DELEGATE IT</b> (Who else can do it)	<b>ELIMINATE IT</b> (not important, not urgent - delete)

HOLIDAY PRODUCTS  
& *promotions*

MONTHLY PRODUCTS *breakdown*

**JANUARY**

**FEBRUARY**  
*n*

**MARCH**

**APRIL**

**MAY**

**JUNE**

**JULY**

**AUGUST**

**SEPTEMBER**

**OCTOBER**

**NOVEMBER**

**DECEMBER**

# HOLIDAY PRODUCT *ideas*

HOLIDAY -


HOLIDAY -


HOLIDAY -


HOLIDAY -


# PRODUCT ADS *Tracker*

START DATE:

DAILY BUDGET:

END DATE:

AD RUN TIME:

**CHOSEN PRODUCTS FOR ADS**

**BUDGET SPENT:**

**TOTAL SALES:**

**TOTAL PROFIT:**

**ADDITIONAL NOTES:**

START DATE:

DAILY BUDGET:

END DATE:

AD RUN TIME:

**CHOSEN PRODUCTS FOR ADS**

**BUDGET SPENT:**

**TOTAL SALES:**

**TOTAL PROFIT:**

**ADDITIONAL NOTES:**

# PRODUCT PROMOTION

# *Tracker*

START DATE:

PROMO NAME:

END DATE:

DISCOUNT DETAILS:

**PRODUCTS INCLUDED IN PROMO:**

**TOTAL REVENUE:**

**TOTAL SALES:**

**TOTAL PROFIT:**

**REASON FOR DISCOUNT:**

**FEEDBACK:**

START DATE:

PROMO NAME:

END DATE:

DISCOUNT DETAILS:

**PRODUCTS INCLUDED IN PROMO:**

**TOTAL REVENUE:**

**TOTAL SALES:**

**TOTAL PROFIT:**

**REASON FOR DISCOUNT:**

**FEEDBACK:**

NEW PRODUCTS &  
*project planning*

NEW PROJECT *planner*

**NAME OF PROJECT -**

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**WHY IS THIS IMPORTANT TO MY BUSINESS?**

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**START DATE -**

**FINISH DATE -**

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*The Checklist*

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# PRODUCTION *planning*

PRODUCT NAME -

PRODUCTION LOCATION -

MATERIALS NEEDED

EQUIPMENT NEEDED

PRODUCTION STAGE 1

PRODUCTION STAGE 2

PRODUCTION STAGE 3

*notes*

# NEW PRODUCT *idea*

NEEDS & WANTS OF CUSTOMERS

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WRITE DOWN 3 POTENTIAL PRODUCT SOLUTIONS TO THESE WANTS & NEEDS

PRODUCT 1	PRODUCT 2	PRODUCT 3

ASK CURRENT CLIENTS FOR FEEDBACK ON THESE 3 PRODUCTS AND THEN CHOOSE THE BEST ONE - THIS IS TO VALIDATE YOUR PRODUCT IDEA.

*Chosen product*

NAME IDEAS

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

COMPETITIVE ADVANTAGE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

# NEW PRODUCT *idea*

PROBLEMS NEEDED TO BE SOLVED IN MY NICHE/INDUSTRY

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PRODUCTS THAT ARE THE SOLUTION TO THESE PROBLEMS

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COMPETITIVE ADVANTAGE OF THESE PRODUCTS

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# NEW PRODUCT *unique selling points*

## WHAT ARE YOUR UNIQUE SELLING POINTS - EXPLAINED.

Your unique selling points or unique selling proposition are the things that set your products apart from the competitors in your niche. It's the value of what you can add on or what makes your product different. These are the things that make your business and the products you make different from everyone else in the market

## THE PRODUCT -

UNIQUE SELLING POINT 1:

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UNIQUE SELLING POINT 2:

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UNIQUE SELLING POINT 3:

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PRODUCT LAUNCH

*planning tools*

# PRODUCT LAUNCH

# details

NAME OF PRODUCT -

SCHEDULED LAUNCH DATE -

## PRODUCT POSITIONING STATEMENT

Your positioning statement is a short description of how your product satisfies your ideal clients & customers needs better than your competitions products

E.g. For **{ideal client}** who **{what their need/stressor is}** our **{product name}** will **{benefit/details of product}**. Unlike **{competitor}** our **{differentiation statement}**

E.g. For busy moms that want to stay comfortable, our activewear line will keep you trendy and comfortable all day long. Unlike other brands, our activewear is made from sustainable materials.

Now craft out your very own positioning statement below:

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## SPECIAL LAUNCH OFFER DETAILS

LAUNCH START -

LAUNCH END -

Think of creating a compelling offer that you will have when you launch your product. For example, a limited sale or exclusive bonuses

- OFFER A DISCOUNT
- CREATE A BUNDLE OFFER
- LIMITED EDITION
- INCLUDE BONSUES

SPECIAL OFFER DETAILS

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# PRODUCT LAUNCH

# buyer

## BUYER PERSONA FOR NEW PRODUCT

NAME -

GENDER -

AGE -

MARITAL STATUS -

CAREER -

KIDS -

### SOURCES OF INFORMATION

BOOKS -

MAGAZINES -

WEBSITES -

SOCIAL MEDIA -

INFLUENCERS -

OTHER -

### MAIN GOALS

### MAIN VALUES

### CHALLENGES

### PAIN POINTS

### OBJECTIONS TO SALE

### ROLE IN PURCHASE

# PRODUCT LAUNCH

# social media

## SOCIAL MEDIA STRATEGY DETAILS

TRAFFIC SOURCE - HOW WILL YOU GET IN FRONT OF YOUR AUDIENCE? GO BACK TO YOUR IDEAL CLIENT AND THINK ABOUT WHICH PLATFORMS THEY WILL BE HANGING OUT ON.

- |  |  |
|--|--|
| <input type="checkbox"/> FACEBOOK PAGE   | <input type="checkbox"/> GOOGLE +        |
| <input type="checkbox"/> FACEBOOK ADS    | <input type="checkbox"/> OTHER PAID ADS: |
| <input type="checkbox"/> PINTEREST       | <input type="checkbox"/> PODCASTS        |
| <input type="checkbox"/> INSTAGRAM       | <input type="checkbox"/> INTERVIEWS      |
| <input type="checkbox"/> LINKEDIN        | <input type="checkbox"/> TELEVISION      |
| <input type="checkbox"/> FACEBOOK GROUPS | <input type="checkbox"/> EMAIL MARKETING |
| <input type="checkbox"/> YOUTUBE         | <input type="checkbox"/>                 |
| <input type="checkbox"/> GUEST POSTS     | <input type="checkbox"/>                 |
| <input type="checkbox"/> BLOG POSTS      | <input type="checkbox"/>                 |

HOW ARE YOU GOING TO BUILD TRUST, A RELATIONSHIP, AND PROVIDE THEM WITH VALUE?

- |   |  |
|---|--|
| <input type="checkbox"/> BLOG POSTS             | <input type="checkbox"/> IG LIVES        |
| <input type="checkbox"/> FACEBOOK POSTS         | <input type="checkbox"/> TWITTER UPDATES |
| <input type="checkbox"/> INSTAGRAM POSTS        | <input type="checkbox"/>                 |
| <input type="checkbox"/> FACEBOOK GROUP UPDATES | <input type="checkbox"/>                 |
| <input type="checkbox"/> WEEKLY NEWSLETTER      | <input type="checkbox"/>                 |
| <input type="checkbox"/> VALUE PODCAST          | <input type="checkbox"/>                 |
| <input type="checkbox"/> VIDEO                  | <input type="checkbox"/>                 |
| <input type="checkbox"/> IGTV                   | <input type="checkbox"/>                 |
| <input type="checkbox"/> FB LIVE                | <input type="checkbox"/>                 |

MAIN PLATFORMS -

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HOW MANY TIMES WILL I POST -

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WHEN WILL I WRITE MY CONTENT -

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IMAGES I WILL USE -

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# PRODUCT LAUNCH *content*

LAUNCH DAY NUMBER -

DATE & TIME	PRODUCT	PLATFORM	TITLE & CONTENT	DONE

LAUNCH DAY NUMBER -

DATE & TIME	PRODUCT	PLATFORM	TITLE & CONTENT	DONE

LAUNCH DAY NUMBER -

DATE & TIME	PRODUCT	PLATFORM	TITLE & CONTENT	DONE

LAUNCH DAY NUMBER -

DATE & TIME	PRODUCT	PLATFORM	TITLE & CONTENT	DONE

# PRODUCT *marketing plan*

**DATE -**

**PRODUCT NAME -**

<b>PLATFORM</b>	<b>IMAGE</b>	<b>CONTENT</b>	<b>POSTED</b>
INSTAGRAM			
FACEBOOK			
IG STORIES			
FB STORIES			
TWITTER			
FB GROUPS			
PINTEREST			
EMAIL MARKETING			
BLOG POST			

**DATE -**

**PRODUCT NAME -**

<b>PLATFORM</b>	<b>IMAGE</b>	<b>CONTENT</b>	<b>POSTED</b>
INSTAGRAM			
FACEBOOK			
IG STORIES			
FB STORIES			
TWITTER			
FB GROUPS			
PINTEREST			
EMAIL MARKETING			
BLOG POST			

# NEW PRODUCT *pricing*

## LABOUR

RATE PER HOUR -
HOURS SPENT -
TOTAL LABOUR -

## MATERIALS

TOTAL COST OF PRODUCT MATERIALS -
PACKAGING MATERIALS TOTAL -
TOTAL MATERIALS COST -

## SHIPPING

DOMESTIC SHIPPING COSTS -
INTERNATIONAL SHIPPING COSTS -
INCLUDE IN PRICE? -

## TOTAL PRICE

MATERIALS -
LABOUR -
SHIPPING -
TOTAL -

## SELLING PRICE

TOTAL COST -	
WHOLESALE (COST X2) -	PROFIT -
RETAIL (WHOLESALE X2) -	PROFIT -
SELLING PRICE -	PROFIT -

# ORDER FORM

Order #

:

## CUSTOMER DETAILS

NAME:

EMAIL ADDRESS:

CONTACT NO:

ADDRESS:

RETURN CUSTOMER Y/N

Date

:

## SHIPPING DETAILS

NAME:

EMAIL ADDRESS:

CONTACT NO:

ADDRESS:

DATE SHIPPED:

## ORDER DETAILS

ITEM #	DESCRIPTION	QTY	PRICE	DISCOUNT	TOTAL

PAYMENT METHOD

PAYMENT DATE

NOTES

TOTAL

TAX

SHIPPING COST

DISCOUNT

SUBTOTAL

# INVOICE

**Invoice**

**no.**

**Date**

**:**

**Bill to:**

**Payment**

**due:**

**NAME:**

**EMAIL ADDRESS:**

**CONTACT NO:**

**ADDRESS:**

**RETURN CUSTOMER**

**Y/N**

## ORDER DETAILS

ITEM #	DESCRIPTION	QTY	PRICE	DISCOUNT	TOTAL

**Payment method:**

**TOTAL**

**TAX**

**SHIPPING COST**

**DISCOUNT**

**SUBTOTAL**

# RETURN FORM

**ORDER # :**

**REPORT DATE -**

**REASON FOR RETURN**

## CUSTOMER DETAILS

**NAME:**

**EMAIL ADDRESS:**

**CONTACT NO:**

**ADDRESS:**

**RETURN CUSTOMER**

**Y/N**

## ORDER DETAILS

ITEM #	DESCRIPTION	QTY	PRICE	DISCOUNT	TOTAL

**RETURN DATE -**

**REPLACEMENT DATE -**

**REFUND/REPLACEMENT**

**REFUND DATE -**

# invoice

ORDER NO. -

DATE -

ITEM #	DESCRIPTION	QTY	PRICE	DISCOUNT	TOTAL
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**BILL TO:**

NAME -

ADDRESS -

CONTACT NO. -

TOTAL DUE -

TAX -

SHIPPING -

DISCOUNT -

SUB-TOTAL -

**PAYMENT DETAILS :**

*Thank you!*



# order form

ORDER NO. -

**ADDITIONAL NOTES:**

DATE -

## CUSTOMER DETAILS

## SHIPPING DETAILS

NAME -

NAME -

ADDRESS -

ADDRESS -

CONTACT NO. -

CONTACT NO. -

RETURN CUSTOMER - YES/NO

DATE SHIPPED -

ITEM #	DESCRIPTION	QTY	PRICE	DISCOUNT	TOTAL
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TOTAL DUE -

SHIPPING -

PAYMENT DATE:

PAYMENT METHOD:

TAX -

DISCOUNT -

SUB-TOTAL -

# return form

ORDER NO. -

**ADDITIONAL NOTES:**

REPORT DATE -

## REASONS FOR RETURN

## CUSTOMER DETAILS

NAME -

ADDRESS -

EMAIL -

CONTACT NO -

ITEM #	DESCRIPTION	QTY	PRICE	DISCOUNT	TOTAL
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RETURN DATE -

REPLACEMENT DATE -

**REFUND/REPLACEMENT**

REFUND DATE -

INVENTORY

*tracking*























# RETURNS *Tracker*

ORDER NO.	REASON	REFUND	NOTES
DATE		RETURN	

ORDER NO.	REASON	REFUND	NOTES
DATE		RETURN	

ORDER NO.	REASON	REFUND	NOTES
DATE		RETURN	

MY SHOP & BUSINESS

*finances*

# MY FINANCE *goals*

GOAL	ACTION STEPS
START	END
PROGRESS	○○○○○○○○○○○○○○○○○○○○

GOAL	ACTION STEPS
START	END
PROGRESS	○○○○○○○○○○○○○○○○○○○○

GOAL	ACTION STEPS
START	END
PROGRESS	○○○○○○○○○○○○○○○○○○○○





# FINANCE *overview*

**Reflect on your income & expenses for the year.**

MONTH	INCOME	EXPENSES	PROFIT	COMMENTS
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
TOTAL				

WHAT WERE THE BEST & WORST MONTHS AND POSSIBLE REASONS WHY?

--

# INCOME *Tracker*

**MONTH -**

DATE	INCOME NAME	CATEGORY	AMOUNT
<b>Sub-total</b>			









# YEARLY SALES *overview*

**YEAR -**

MONTH	TOTAL SALES	TOTAL REFUNDS	PROFIT	LOSS
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
<b>SUB-TOTAL</b>				





# ACCOUNT *details*

**ACCOUNT -**

DESCRIPTION	
ACCOUNT NAME	
ACCOUNT NO.	
BANK	
BRANCH	
ROUTING NO.	
WEBSITE	
USERNAME	
PASSWORD	
CARD NO.	
PIN	
OTHER	

**ACCOUNT -**

DESCRIPTION	
ACCOUNT NAME	
ACCOUNT NO.	
BANK	
BRANCH	
ROUTING NO.	
WEBSITE	
USERNAME	
PASSWORD	
CARD NO.	
PIN	
OTHER	

**ACCOUNT -**

DESCRIPTION	
ACCOUNT NAME	
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BRANCH	
ROUTING NO.	
WEBSITE	
USERNAME	
PASSWORD	
CARD NO.	
PIN	
OTHER	





# MONTHLY *budget*

**MONTH -**

**PAGE 2**

## VARIABLE/OTHER EXPENSES

DATE	DESCRIPTION	NOTES	AMOUNT

## SAVINGS

ACC.	SAVINGS NAME
STARTING BALANCE	
AMOUNT ADDED	
TOTAL	

## TOTALS

TOTAL INCOME	
MINUS FIXED EXPENSES	
MINUS SAVINGS	
LEFT FOR VARIABLE EXPENSES	
MINUS ACTUAL VARIABLE EXPENSES	
TOTAL	

## DEBT

DEBT NAME	STARTING AMOUNT	END AMOUNT









# FINANCIAL *yearly overview*

YEAR OF - \_\_\_\_\_

HIGHEST REVENUE PRODUCT

LOWEST REVENUE PRODUCT

**TOTAL  
VISITS**

**TOTAL  
ORDERS**

**CONVERSION  
RATE**

**TOTAL  
SALES**

**TOTAL  
REVENUE**

**YEARLY  
FEES**

TOTAL EXPENSES FOR THE YEAR

TOTAL PROFIT FOR THE YEAR

## *next years goals*

**TOTAL  
VISITS**

**TOTAL  
ORDERS**

**CONVERSION  
RATE**

**TOTAL  
SALES**

**TOTAL  
REVENUE**