

Spending Plan for _____

(Month)

SOURCES OF INCOME	AMOUNT
(Paychecks, Assistance, Social Security, Unemployment, Food Stamps or other)	
	\$
	\$
	\$
	\$
	\$
	\$
Total Monthly Income	\$ -
EXPENSES	AMOUNT
Fixed	\$
Housing - Rent or Mortgage	\$
Insurance / Taxes (if separate)	\$
Transportation	\$
Car Payment	\$
Insurance	\$
Gas, Oil	\$
Public Transportation	\$
Savings	\$
Installment Payments	\$
Life Insurance	\$
Child Support	\$
Child Care / Adult Day Care	\$
Other	\$
	\$
	\$
Total (A)	\$ -

Flexible		
Food	\$	
Food at Home	\$	
Food Away from Home	\$	
Utilities		
Electricity	\$	
Water	\$	
Gas	\$	
Phone	\$	
Cell phone	\$	
Lawn Care	\$	
Cleaning Supplies	\$	
Medical / Dental	\$	
Clothing and Personal	\$	
Education	\$	
Entertainment and Recreation	\$	
Contributions	\$	
Credit Card Payments	\$	
#1	\$	
#2	\$	
#3	\$	
Other Expenses	\$	
Gifts	\$	
Periodic Expenses	\$	
Other	\$	
	\$	
	Total (B)	\$ -
	Total (A+B)	\$ -
Total Income - What you plan to spend		
_____ - _____ =	\$	

Personal Goals

One month from today, I plan to have these things done with my money.

- 1. _____
- 2. _____
- 3. _____

One year from today, I plan to have these things done with my money.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Periodic Expenses

List items and Costs for Each Month

		Months Total
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		