

# MONTHLY SPENDING PLAN

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

Category	Amount Allocated	Amount Spent
<b>SAVINGS</b>		
Savings Account		
Retirement Fund		
Other		
<b>Total</b>		
<b>HOUSING</b>		
Rent/Mortgage Payment		
Property Tax/Insurance		
Gas/Electricity		
Other Heating Fuel		
Telephone - Land Line		
Telephone - Cell Phones		
Water/Sewer/Garbage		
Maintenance/Repair/Tools		
Cleaning		
Towels/Linens/Drapes		
Furniture/Appliances		
Other		
<b>Total</b>		
<b>FOOD</b>		
Groceries/Food Supplies		
Meals Eaten Out		
School/Business Lunches		
Milk Deliveries		
Special Occasions		
Snacks/Junk Food		
Other		
<b>Total</b>		
<b>CLOTHING</b>		
School/Office/Work Clothes and Shoes		
Seasonal Clothing		
Special Events/Sports		
Laundry/Dry Cleaning/Repair		
Other		
<b>Total</b>		

Category	Amount Allocated	Amount Spent
<b>TRANSPORTATION</b>		
Vehicle Payments		
Gas/Oil		
Auto Repairs/Tires		
Auto Insurance		
Auto Licensing		
Public Transportation		
Other		
<b>Total</b>		
<b>PERSONAL EXPENSES</b>		
Personal Toiletries/Haircuts		
Hosiery		
Grooming Appliances		
Cigarettes/Tobacco		
Other		
<b>Total</b>		
<b>HEALTH AND LIFE</b>		
Doctor		
Drugs/Prescriptions		
Vision		
Dentist		
Insurance - Health/Disability		
Insurance - Life		
Other		
<b>Total</b>		
<b>CONTRIBUTIONS</b>		
Church Donations		
Charitable Contributions		
Other		
<b>Total</b>		
<b>GIFTS</b>		
Cards and Wrapping Paper		
Gifts for Various Occasions		
Other		
<b>Total</b>		

Category	Amount Allocated	Amount Spent
<b>PERSONAL IMPROVEMENT</b>		
Tuition		
Books		
Supplies		
Magazines/Newspapers		
Lessons		
Equipment/Computers		
Internet Fees		
Other		
<b>Total</b>		
<b>WORK EXPENSES</b>		
Professional or Work Dues		
Office Gifts and Donations		
Child Care		
Other		
<b>Total</b>		
<b>TAXES/SOCIAL SECURITY</b>		
Income Tax		
Social Security		
<b>Total</b>		
<b>RECREATION</b>		
Hobbies		
Pets		
<b>TOTAL EXPENSES</b>		

Category	Amount Allocated	Amount Spent
Movies		
Cable TV/Satellite		
Camera/Printing		
Club Memberships		
Vacation Expenses		
Babysitting Fees		
Other		
<b>Total</b>		
<b>MISCELLANEOUS</b>		
Allowances		
Mad Money		
Alimony/Child Support		
Postage		
Other (should not exceed 1-2% of all expenses)		
<b>Total</b>		
<b>DEBT REPAYMENTS</b>		
Credit Cards		
Loans		
Installments		
Other		
<b>Total</b>		
<b>TOTAL EXPENSES</b>		

INCOME - NET	AMOUNT
Paycheck 1	
Paycheck 2	
Paycheck 3	
Paycheck 4	
Paycheck 5	
Public Assistance	

INCOME - NET	AMOUNT
Interest/Dividends	
Other	
Other	
<b>Total Income</b>	
<b>Minus Expenses</b>	

<b>TOTAL REMAINING</b>	
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