

Monthly Spending Plan

Name: _____

Month: _____

Summary	Week 1	Week 2	Week 3	Week 4	Week 5	Month's Total
Total income						
Total expenditures						
Net Cash Flow						

Income	Week 1	Week 2	Week 3	Week 4	Week 5	Month's Total
Wage/salary, Gross Pay						
Wage/salary, Gross Pay						
Other Income _____						
Other Income _____						
Other Income _____						
Other Income _____						
Total Income						

Expenses	Week 1	Week 2	Week 3	Week 4	Week 5	Month's Total
Auto Gas						
Auto Insurance						
Auto Payments						
Banking charges and fees						
Cell phone						
Child Care						
Credit Cards payments						
Federal / State Taxes withheld/paid						
FICA (Social Security) Taxes withheld						
Groceries						
Hair care, nail care, massages, etc.						
Home telephone						
Homeowners / Renters Insurance						
Household Supplies						
Insurance (Life, Health, Disability)						
Internet						
Laundry, dry cleaning						
Meals, entertainment, rec, fun						
Medical Co Pays, Rx, out of pocket						
Mortgage / Rent Payment						
Postage						
Savings, investments, retirement						
School expenses (lunch, trips, etc.)						
Shopping, clothing, jewelry, etc.						
Tithe and offering						
Utilities (gas, elec, water, cable, etc.)						
Vacations						
Other _____						
Other _____						
Other _____						
Other _____						
Other _____						
Total Expenses						