



Monthly Spending Plan

<u>Item</u>	<u>Amount Budgeted</u>	<u>Total</u>	<u>Actually Spent</u>
<u>Charity</u>			
Tithe	_____		_____
Offering	_____		_____
Other _____	_____	_____	_____
<u>Savings</u>			
Emergency Fund	_____		_____
Retirement Fund (IRA,401k, etc.)	_____		_____
College	_____	_____	_____
<u>Food</u>			
Groceries	_____		_____
Restaurants	_____	_____	_____
<u>Utilities</u>			
Home Phone	_____		_____
Cell Phones	_____		_____
Cable	_____		_____
Trash	_____		_____
Electric	_____		_____
Gas	_____		_____
Water	_____	_____	_____
<u>Housing</u>			
House Payment/Rent	_____		_____
Second Mortgage	_____		_____
Homeowner's Insurance	_____		_____
Real Estate Taxes	_____		_____
Furniture	_____		_____
Repairs	_____		_____
Maintenance Fees	_____		_____
Other _____	_____	_____	_____
<u>Medical/Dental</u>			
Medicine	_____		_____
Insurance	_____		_____
Dentist Bill	_____		_____
Doctor Bill	_____		_____
Eye Doctor	_____	_____	_____
Page 1 Totals		_____	_____



Monthly Spending Plan (p.2)

<u>Item</u>	<u>Amount Budgeted</u>	<u>Total</u>	<u>Actually Spent</u>
<u>Transportation</u>			
Car Payment 1	_____		_____
Car Payment 2	_____		_____
Fuel	_____		_____
Car Insurance	_____		_____
Repairs, Maint., Tires	_____		_____
Car Replacement	_____		_____
License, Fees, Taxes	_____		_____
Bus, Cab, Train Fares	_____	_____	_____
<u>Insurances</u>			
Life Insurance	_____		_____
Disability Insurance	_____		_____
Pet Health Insurance	_____	_____	_____
<u>Clothing</u>			
Adults	_____		_____
Children	_____	_____	_____
<u>Recreational</u>			
Vacation	_____		_____
Entertainment	_____	_____	_____
<u>Educational</u>			
Day Care	_____		_____
School Tuition	_____		_____
School Supplies	_____	_____	_____
<u>Various</u>			
Babysitter	_____		_____
Child Support	_____		_____
Alimony	_____		_____
Club/Org. Dues	_____		_____
Cosmetics	_____		_____
Toiletries	_____		_____
Gifts (Including Christmas)	_____		_____
Subscriptions	_____		_____
Hair Care	_____		_____
Other_____	_____		_____
Other_____	_____		_____
Other_____	_____		_____
Other_____	_____		_____
Discretionary	_____	_____	_____
2nd Page Totals		_____	_____



Monthly Spending Plan (p.3)

<u>Item</u>	<u>Amount Budgeted</u>	<u>Total</u>	<u>Actually Spent</u>
<u>Debt Reduction</u>			
Student Loan 1	_____		_____
Student Loan 2	_____		_____
Finance Company 1	_____		_____
Finance Company 2	_____		_____
Credit Line 1	_____		_____
Credit Line 2	_____		_____
MasterCard 1	_____		_____
MasterCard 2	_____		_____
Visa 1	_____		_____
Visa 2	_____		_____
Discover Card 1	_____		_____
Discover Card 2	_____		_____
American Express 1	_____		_____
American Express 2	_____		_____
Dept. Store Card 1	_____		_____
Dept. Store Card 2	_____		_____
Gas Card 1	_____		_____
Gas Card 2	_____		_____
Family Member Loan 1	_____		_____
Family Member Loan 2	_____		_____
Other _____	_____		_____
Other _____	_____		_____
Other _____	_____		_____
Other _____	_____	_____	_____
<u>3rd Page Totals</u>		_____	_____
<u>2nd Page Totals</u>		_____	_____
<u>1st Page Totals</u>		_____	_____
<u>Grand Total</u>		_____	_____
<u>Minus Total Household Income</u>		_____	_____
	<u>Equals</u>	0 _____	

