

THE MONTHLY SPENDING PLAN

PERSONAL CORE VALUES

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

MONTHLY SPENDING PLAN

Income

Take-Home Pay \$ _____

Other Income \$ _____

Total \$ _____

Out-Going

Fixed Amount

Negotiable Amount

Giving

Savings

Home

House Payment

Second Mortgage

Property Tax

Homeowner's Ins.

Rent

Utilities

Electric

Gas

Water

Telephone

Cable TV

Trash Pick-up

Pest Control

Repairs

Cleaning

Gardening

Other

<u>Out-Going continued</u>	<u>Fixed Amount</u>	<u>Negotiable Amount</u>
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Food

Groceries/Cleaning	_____	_____
Eating out	_____	_____
Entertaining at home	_____	_____

Cars

Payments	_____	_____
Insurance	_____	_____
Gas & regular upkeep	_____	_____
Repairs	_____	_____

Debts

Credit cards	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

Medical

Insurance	_____	_____
Prescriptions	_____	_____
Non-covered medical	_____	_____

Insurance

Life	_____	_____
Disability	_____	_____
Other	_____	_____

Children

Day Care	_____	_____
Babysitters	_____	_____
Education	_____	_____
Allowances	_____	_____
Sports teams	_____	_____
Other	_____	_____

Pets

Veterinarian	_____	_____
Kennel	_____	_____
Food	_____	_____

Clothing

Husband	_____	_____
Work	_____	_____
Non-work	_____	_____

<u>Out-Going continued</u>	<u>Fixed Amount</u>	<u>Negotiable Amount</u>
Clothing continued		
Wife		
Work	_____	_____
Non-work	_____	_____
Children	_____	_____
Hobbies		
Club dues	_____	_____
Golf	_____	_____
Boating	_____	_____
Books	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Business		
Dues	_____	_____
Taxes (Fed. & State)	_____	_____
Insurance	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Entertainment		
Restaurants (special)	_____	_____
Day & Weekend Trips	_____	_____
Vacation	_____	_____
Miscellaneous		
Hair	_____	_____
Laundry/Dry Cleaning	_____	_____
Newspapers/Magazines	_____	_____
Toiletries	_____	_____
Cash		
Husband	_____	_____
Wife	_____	_____
Gifts		
Christmas	_____	_____
Family Birthdays	_____	_____
Other Occasions	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____