

Monthly Spending Plan		
Date Prepared	Month	
Monthly Income	Amount	
Net Salary A (after taxes)		
Child Support		
Other:		
Total Income		0.00
	Plan	Actual Spending
Rent, Mortgage or Housing Expenses		
Renters/Homeowners Insurance		
Utilities (Gas/Electric)		
Utilities (Water, Sewer, Garbage)		
Cell Phone		
Cable TV		
Grocery Purchases		
Restaurants/Fast Food		
Car Payment		
Car Gas and Oil		
Car Insurance		
Car Repairs		
Parking/Tolls (EZ Pass)		
Life Insurance		
Non-Reimbursed medical payments		
Prescription & Nonprescription drugs		
Dental Care		
Vision Care, Eyeglass, Contacts		
Clothing		
Laundry/Dry Cleaners		
Personal Care (haircuts, toiletries)		
Child Care		
Credit Card Payments and Charges		
Personal Loans		
Education (Student Loans)		
Recreation		
Gifts		
Hobby Expenses		
Gambling/Lottery		
Liquor/Beer/Wine		
Tobacco		
Pet Care		
Savings		
Other -		
Total Expenses	0.00	0.00
	Amount	
Total Income		0.00
Total Actual Spending		
Cash Flow* (Income minus Expenses)		0.00