



## Spending Plan Worksheet

Income per month:	Totals	Special commitments:	Totals
Salary #1	\$ _____	Giving	\$ _____
Salary #2	\$ _____	Taxes	\$ _____
Other income	\$ _____	Savings/goals	\$ _____
<b>Total income</b>	\$ _____	<b>Total commitments</b>	\$ _____
<b>TOTAL AVAILABLE FUNDS (INCOME LESS SPECIAL COMMITMENTS) \$ _____</b>			
<b>Housing:</b>		<b>Medical:</b>	
Mortgage or rent	\$ _____	Doctor	\$ _____
Home insurance	\$ _____	Dentist	\$ _____
Property taxes	\$ _____	Eye doctor	\$ _____
Electricity	\$ _____	Drugs and medicines	\$ _____
Gas	\$ _____	Medical insurance	\$ _____
Water and sewer	\$ _____	Other medical	\$ _____
Telephone and cell phone	\$ _____	<b>Total medical</b>	\$ _____
Home maintenance	\$ _____	<b>Gifts:</b>	\$ _____
Other	\$ _____	<b>Entertainment and recreation:</b>	
<b>Total housing</b>	\$ _____	Dining out	\$ _____
<b>Food and grocery:</b>	\$ _____	Vacation	\$ _____
<b>Transportation:</b>		Activities	\$ _____
Car payments	\$ _____	Child care	\$ _____
Gas and oil	\$ _____	Personal—Adult 1	\$ _____
Car insurance	\$ _____	Personal—Adult 2	\$ _____
Annual fees	\$ _____	Trips	\$ _____
Car repair	\$ _____	Other	\$ _____
<b>Total transportation</b>	\$ _____	<b>Total entertainment and recreation</b>	\$ _____
<b>Life insurance:</b>	\$ _____	<b>Miscellaneous:</b>	
<b>Clothing:</b>		Personal care items	\$ _____
Adult 1	\$ _____	Laundry and cleaners	\$ _____
Adult 2	\$ _____	Education expenses	\$ _____
Children	\$ _____	Hair care services	\$ _____
<b>Total clothing</b>	\$ _____	Office supplies	\$ _____
<b>Debt payments:</b>		Internet access	\$ _____
Credit cards	\$ _____	Postage	\$ _____
Family loans	\$ _____	Other	\$ _____
Other loans	\$ _____	<b>Total miscellaneous</b>	\$ _____
<b>Total debt payments</b>	\$ _____	<b>Subtotal expenses</b>	\$ _____
<b>Subtotal expenses</b>	\$ _____	<b>GRAND TOTAL EXPENSES</b>	\$ _____
<b>NET AVAILABLE (AVAILABLE FUNDS LESS GRAND TOTAL EXPENSES) \$ _____</b>			