



Spending Plan Worksheet

Month

Year

MY MONTHLY INCOME (Take-Home Pay):	AMOUNT
Paycheck(s)	
Other Income	
TOTAL INCOME	

CLEAR

MONTHLY EXPENSES	AMOUNT DUE
HOUSING	
Rent / Mortgage	
Utilities (gas, water, electric)	
Home / Renters Insurance	
HOA Fees	
Phone (cell / home phone)	
Cable / Internet	
Other:	
FOOD	
Groceries / Household supplies	
Eating Out / Fast Food	
Other:	
DEBT PAYMENT	
Credit Card Payment(s)	
Student Loan(s)	
Bank Loan(s)	
Other:	
ENTERTAINMENT	
Movies / Concerts	
Sporting Events	
Other:	
SUBTOTAL	

MONTHLY EXPENSES	AMOUNT DUE
TRANSPORTATION	
Car Payment(s)	
Car Insurance	
Gas	
Car Maintenance (tires, oil change, etc.)	
Public Transportation / Parking / Toll Fees	
Other:	
PERSONAL AND HEALTH	
Clothing	
Toiletries / Beauty Care Products	
Haircuts	
Prescriptions / Medicine	
Health / Dental / Life Insurance	
Other:	
FAMILY	
Childcare / Babysitter	
Other:	
MISCELLANEOUS / OTHER	
Savings	
Charity / Gifts	
Other:	
SUBTOTAL	

TOTAL EXPENSES

INCOME (-) Minus **EXPENSES** = **FUNDS AVAILABLE***

* If the "Funds Available" total is red, this indicates a negative balance.