



# Spending Plan Worksheet

Month

Year

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

CLEAR

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

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

**TOTAL EXPENSES**

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

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