

# MONTHLY SPENDING PLAN

EXPENSES	Current	Change (+/-)	Revised	EXPENSES	Current	Change (+/-)	Revised
<b>SAVINGS</b>				<b>MEDICAL/LIFE INSURANCE</b>			
Emergency				Medical/Dental			
Short-Term				Life/Disability			
Long-Term				Vision			
<b>HOUSING</b>				<b>ENTERTAINMENT</b>			
Rent/Mortgage				Cable/Satellite			
Property Taxes				Movies/Plays/Concerts			
Homeowners/Renters Ins				Books			
Association Fees				Newspaper/Magazines			
Electricity/Gas Heat				CDs/Tapes/VCR Rentals			
Water/Sewer/Garbage				Dining Out			
Telephone/Cell Phone(s)				Travel/Vacations			
Maintenance/Pest Control				Hobbies/Sport Fees			
<b>FOOD</b>				<b>CLOTHING</b>			
Groceries				Apparel			
School/Work Lunches				Dress/Work/Play Shoes			
Snacks/Beverages				Dry Cleaning/Laundry			
<b>TRANSPORTATION</b>				<b>PERSONAL CARE</b>			
Vehicle Payment (1)				Family Haircuts/Manicures			
Vehicle Payment (2)				Medical/Dental/Vision Visits			
Vehicle Insurance				Toiletries			
Gasoline				Prescriptions			
Tolls/Parking				<b>OTHER BASIC EXPENSES</b>			
Tags/License				Child Support			
Tires				Child Care			
Repairs				Gifts/Special Occasions			
Lube/Oil Change				Church/Charities			
<b>MISC EXPENSES</b>				<b>CREDIT OBLIGATIONS</b>			
Pet Care/Pet Food				Credit Card Payment(s)			
Club Dues				Installment Loan Payment(s)			
Children's Allowances				Student Loan Payments(s)			
Lottery				Miscellaneous Payment(s)			
Cigarettes/Tobacco				Late/Over Limit Fees			
Postage							
Bank Service Fees							
Occupational Expenses (tools, shoes, dues)				<b>TOTAL MONTHLY EXPENSES</b>			

Source of Income	Total Net Income	Current	Revised
Income 1	\$ _____	Total Net Income \$ _____	Total Net Income \$ _____
Income 2	\$ _____	(-) Expenses \$ _____	(-) Expenses \$ _____
Misc Income (Tax Refund, Gifts, Dividends/Interest)	\$ _____	(=) Total \$ _____	(=) Total \$ _____
<b>Total Net Income</b>	<b>\$ _____</b>	<b>(+)(-) Balance \$ _____</b>	<b>(+)(-) Balance \$ _____</b>