

Spending Plan Worksheet

Income	Pay days	Monthly total	Week 1	Week 2	Week 3	Week 4
Job						
Spouse's job						
Total						

Expense	Due date	Monthly total	Week 1	Week 2	Week 3	Week 4
Rent/mortgage						
Gas/electric						
Water/sewer/garbage						
Telephone/long distance						
Groceries						
Entertainment/eating out						
Car payment						
Gas/public transit						
Auto maintenance/repairs*						
Auto insurance*						
DMV registration/smog*						
Doctor/dentist/therapy*						
Clothing						
Laundry/dry cleaning						
Personal care						
Gifts/holiday expenses*						
Emergency savings						
Debt payments						
Other**:						
Other**:						
Other**:						
Other**:						
Other**:						
Other**:						
Other**:						
Total						

* Periodic Expenses

**Other Expenses: cable TV, health/dental insurance, life insurance, child care, alimony/child support, tobacco/alcohol, medications, property taxes/insurance, home maintenance, homeowners association dues, vacations, school expenses, subscriptions, donations, pet care, tax payments, etc.

Spending Plan Worksheet (continued)

Credit and debit obligations	Amount owed	Monthly payment
Total	A	B

Move the total from box "A" to the liabilities section of the balance sheet on page 10.

Move the total from box "B" to the summary section below.

	Monthly total	Week 1	Week 2	Week 3	Week 4
Total monthly income					
Monthly expenses					
Monthly debt payments (B)					
Balance (+)/Deficit (-)					