

# PERSONAL SPENDING PLAN

MONTH OF: \_\_\_\_\_ YEAR: \_\_\_\_\_

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
PAY PERIODS JOB 1:	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____
PAY PERIODS JOB 2:	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____
PAY PERIODS JOB 3:	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____

ITEMS:

INCOME:

INCOME AMOUNT #1:	_____	_____	_____	_____	_____
INCOME AMOUNT #2:	_____	_____	_____	_____	_____
INCOME AMOUNT #3:	_____	_____	_____	_____	_____
ALIMONY:	_____	_____	_____	_____	_____
CHILD SUPPORT:	_____	_____	_____	_____	_____
CHILD SUPPORT:	_____	_____	_____	_____	_____

MONTHLY INCOME:

WEEKLY INCOME TOTAL:	_____	_____	_____	_____	_____	_____	_____	_____	\$ _____
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CHARITABLE

CONTRIBUTIONS \$:	_____	_____	_____	_____	_____
NAME:	_____	_____	_____	_____	_____

SAVINGS:

EMERGENCY FUND:	_____	_____	_____	_____	_____
RETIREMENT FUND:	_____	_____	_____	_____	_____
COLLEGE:	_____	_____	_____	_____	_____

HOUSING:

MORTGAGE / RENT:	_____	_____	_____	_____	_____
FIRST:	_____	_____	_____	_____	_____
SECOND:	_____	_____	_____	_____	_____
ESTATE TAXES:	_____	_____	_____	_____	_____
HOMEOWNERS/RENTERS INS:	_____	_____	_____	_____	_____
REPAIRS / MAINT FEES:	_____	_____	_____	_____	_____
REPLACE FURNITURE:	_____	_____	_____	_____	_____
ASSOCIATION FEES:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____

UTILITIES:

ELECTRICITY:	_____	_____	_____	_____	_____
WATER:	_____	_____	_____	_____	_____
GAS:	_____	_____	_____	_____	_____
PHONE:	_____	_____	_____	_____	_____
TRASH:	_____	_____	_____	_____	_____
CABLE:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____

FOOD:

GROCERIES:	_____	_____	_____	_____	_____
RESTAURANTS:	_____	_____	_____	_____	_____
GAS STATIONS:	_____	_____	_____	_____	_____
FOOD STAMPS:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____

TRANSPORTATION:

CAR PAYMENT	_____	_____	_____	_____	_____
CAR PAYMENT	_____	_____	_____	_____	_____
GAS & OIL:	_____	_____	_____	_____	_____
REPAIRS AND TIRES:	_____	_____	_____	_____	_____
CAR INSURANCE :	_____	_____	_____	_____	_____
LICENSE AND TAXES/ PLATES:	_____	_____	_____	_____	_____
CAR REPLACEMENT:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____

CLOTHING:

CHILDREN:	_____	_____	_____	_____	_____
ADULTS:	_____	_____	_____	_____	_____
DRY CLEANING / LAUNDRY:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____

PERSONAL:

LIFE INSURANCE:	_____	_____	_____	_____	_____
CHILD CARE:	_____	_____	_____	_____	_____
BABY SITTER:	_____	_____	_____	_____	_____
CHILD SUPPORT:	_____	_____	_____	_____	_____
TOILETRIES:	_____	_____	_____	_____	_____
COSMETICS/SKIN CARE:	_____	_____	_____	_____	_____
HAIR CARE:	_____	_____	_____	_____	_____
EDUCATION / ADULT:	_____	_____	_____	_____	_____
EDUCATION / CHILD:	_____	_____	_____	_____	_____
SCHOOL SUPPLIES:	_____	_____	_____	_____	_____
SCHOOL TUITION :	_____	_____	_____	_____	_____

OTHER:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____
<b>MONTHLY DUES:</b>	____/____	____/____	____/____	____/____	____/____
SUBSCRIPTIONS:	_____	_____	_____	_____	_____
ORGANIZATIONAL DUES:	_____	_____	_____	_____	_____
GIFTS:	_____	_____	_____	_____	_____
Birthdays:	_____	_____	_____	_____	_____
Anniversaries:	_____	_____	_____	_____	_____
Holidays: IE:Christmas:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____
MISCELLANEOUS:	_____	_____	_____	_____	_____
<b>BLOW MONEY:</b>	____/____	____/____	____/____	____/____	____/____
\$\$\$\$:	_____	_____	_____	_____	_____
<b>RECREATION:</b>	____/____	____/____	____/____	____/____	____/____
ENTERTAINMENT:	_____	_____	_____	_____	_____
VACATION:	_____	_____	_____	_____	_____
<b>MEDICAL HEALTH:</b>	____/____	____/____	____/____	____/____	____/____
DISABILITY INSURANCE:	_____	_____	_____	_____	_____
HEALTH INSURANCE:	_____	_____	_____	_____	_____
DOCTOR:	_____	_____	_____	_____	_____
DENTIST:	_____	_____	_____	_____	_____
OPTOMETRIST:	_____	_____	_____	_____	_____
MEDICATIONS:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____
<b>DEBTS:</b>	____/____	____/____	____/____	____/____	____/____
VISA 1:	_____	_____	_____	_____	_____
VISA 2:	_____	_____	_____	_____	_____
MASTERCARD 1:	_____	_____	_____	_____	_____
MASTERCARD 2:	_____	_____	_____	_____	_____
AMERICAN EXPRESS:	_____	_____	_____	_____	_____
DISCOVER CARD:	_____	_____	_____	_____	_____
GAS CARD 1:	_____	_____	_____	_____	_____
GAS CARD 2:	_____	_____	_____	_____	_____
DEPT STORE CARD 1:	_____	_____	_____	_____	_____
DEPT STORE CARD 2:	_____	_____	_____	_____	_____
FINANCE CO 1:	_____	_____	_____	_____	_____
FINANCE CO 2:	_____	_____	_____	_____	_____
CREDIT LINE:	_____	_____	_____	_____	_____
STUDENT LOAN 1:	_____	_____	_____	_____	_____
STUDENT LOAN 2:	_____	_____	_____	_____	_____
OTHER:	_____	_____	_____	_____	_____

								MONTHLY EXPENSES:
WEEKLY EXPENSES TOTAL:								\$