

MONTHLY CASH FLOW PLAN FOR _____

	EARNER	SOURCE OF INCOME	AVERAGE MONTHLY	Week #1	Week #2	Week #3	Week #4
INCOME							
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	TOTAL INCOME						
EXPENSES							
DATE DUE	GIVING	_____					

	INVESTMENTS	_____					

	SAVINGS	_____					

	HOUSING	MORTGAGE/RENT					
		TAXES					
		INSURANCE					
		ELECTRIC					
		HEAT					
		PHONE					
		CELL PHONE					
		TRASH					
		CABLE/SATELLITE					
		INTERNET					
		HOME REPAIRS					
		REPLACE FURNITURE					
	AUTOMOTIVE	GAS					
		INSURANCE					
		LICENSE/TAXES					
		REPAIRS/MAINT.					
		REPLACE CAR					
	HOUSEHOLD	Food					
		Household					
		Dining Out					
		School Lunch					
	CLOTHING	Adults					
		Children					

Medical

Medical Bills
Prescriptions
Dentist
Health Insurance

PERSONAL

GROOMING
Life Insurance
Health Club
Child Care
Subscriptions
Professional Dues
CHRISTMAS
Spending

RECREATION

ENTERTAINMENT
VACATION

Misc.

Total Expenses

REMAINING

Debts

VEHICLES

EQUITY LOAN

CREDIT CARDS

OTHER

EXTRA TO DEBT

Total Debts

REMAINING

To Savings

CASH NEEDED

NOTES