

Monthly Plan

DATE: _____

	<u>Estimate</u>	<u>Actual</u>
INCOME		
Income	_____	_____
Other	_____	_____
Checking Balance	_____	_____
Cash Available	\$0	\$0

HOUSING		
Housing Payment	_____	_____
Rent/Mortgage	_____	_____
Electricity	_____	_____
Gas/Oil	_____	_____
Telephone/Phone Card	_____	_____
Water/Sewage	_____	_____
Cable TV	_____	_____
Cell Phone	_____	_____
Internet	_____	_____
Home Accessories	_____	_____
Cleaning Supplies	_____	_____
Laundry/Dry Cleaning	_____	_____
Pets	_____	_____

FOOD		
Groceries	_____	_____
Dining Out	_____	_____
Lunch/Snacks	_____	_____

TRANSPORT		
Car Payment	_____	_____
Make:	_____	_____
Insurance	_____	_____
Gas	_____	_____
Oil Change	_____	_____
Repairs/Maintenance	_____	_____
Registration	_____	_____
Parking Fees/Tickets	_____	_____
Pager	_____	_____
Car Phone	_____	_____
Taxes	_____	_____
Travel	_____	_____

INSURANCE		
Home	_____	_____
Health	_____	_____
Life	_____	_____

	<u>Estimate</u>	<u>Actual</u>
MEDICAL		
Doctor	_____	_____
Dentist	_____	_____
Medications	_____	_____

PERSONAL		
New Clothes	_____	_____
Barber/Beauty	_____	_____
Toiletries/cosmetics	_____	_____
Tobacco/Alcohol	_____	_____
Gifts/Cards	_____	_____
Recreation	_____	_____
Hobbies	_____	_____
Donations	_____	_____
Music/Books	_____	_____

WORK EXPENSES		
Uniforms	_____	_____
Other	_____	_____

EDUCATION		
Tuition	_____	_____
Books	_____	_____
Dues	_____	_____

MISCELLANEOUS		
Bank Service Charges <i>atm</i>	_____	_____
Stamps	_____	_____
Newspaper/Magazines	_____	_____
Misc.	_____	_____

SAVINGS		
Savings	_____	_____
Vacation Fund	_____	_____
Holiday Fund	_____	_____

LIABILITIES (credit cards)		
Credit Card 1	_____	_____
Credit Card 2	_____	_____
Credit Card 3	_____	_____
Loan	_____	_____
Loan	_____	_____