

MONTHLY CASH FLOW PLAN FOR _____

INCOME	EARNER	SOURCE OF INCOME	AVERAGE MONTHLY	Week #1	Week #2	Week #3	Week #4
		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					

<u>Medical</u>	Medical Bills					
	PRESCRIPTIONS					
	DENTIST					
	HEALTH INSURANCE					
<u>PERSONAL</u>	GROOMING					
	LIFE INSURANCE					
	HEALTH CLUB					
	CHILD CARE					
	SUBSCRIPTIONS					
	PROFESSIONAL DUES					
	CHRISTMAS					
	SPENDING					
<u>RECREATION</u>	ENTERTAINMENT					
	VACATION					
<u>Misc.</u>						
	Total Expenses					
	REMAINING					
Debts						
<u>VEHICLES</u>						
<u>EQUITY LOAN</u>						
<u>CREDIT CARDS</u>						
<u>OTHER</u>						
<u>EXTRA TO DEBT</u>						
	Total Debts					
	REMAINING					
	To Savings					
	CASH NEEDED					
NOTES						