

MONTHLY SPENDING PLAN

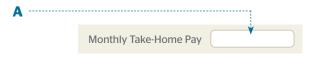
It's simple. Money is your tool to manage. Be intentional!

Yes, this budget form has a lot of lines and blanks.

But that's okay. We do that so we can list practically every expense imaginable on this form to prevent you from forgetting something. Don't expect to put something on every line. Just use the ones that are relevant to your specific situation.

Step 1

Enter your monthly take-home pay in the box at the top right (A). This is the amount you have for the month to budget. So far so good, huh?



Step 2

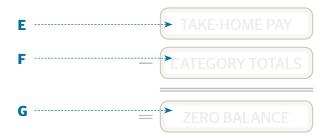
Within each main category, such as Food, there are subcategories, like Groceries. Start at the top and work your way down, filling out the Budgeted column (B) first. Add up each subcategory and put that number in the Total box (C).

Also, pay attention to the recommended percentages (D) This will help you keep from budgeting too much for a category.



Step 3

Finally, enter your take-home pay in the top box at the end of the page (E), then add up all categories and place that total in the Category Totals box (F). Then subtract your Category Totals amount from your Take-Home Pay. You should have a zero balance (G). Doesn't that feel great?



Step 4

When the month ends, put what you actually spent in the Spent column (H). That will help you make any necessary adjustments to the next month's budget.





MONTHLY SPENDING PLAN

It's simple. Money is your tool to manage. Be intentional!

		Monthly Take-Home Pay
	Add up budgeted column \$ enter here	These icons represent good options for cash envelopes
CHARITY	Spent Budgeted	♥ FOOD Spent Budgeted
Tithes		Groceries Restaurants
Charity & Offerings		
	*10-15% TOTAL *	*5-15% TOTAL
 ★ SAVING	Spent Budgeted	T CLOTHING Spent Budgeted
Emergency Fund Retirement Fund		Adults Children
College Fund		
	*10-15% TOTAL	*2-7% TOTAL
★ HOUSING	Spent Budgeted	TRANSPORTATION Spent Budgeted
First Mortgage/Rent Second Mortgage Real Estate Taxes Repairs/Maint. Association Dues		Gas & Oil Repairs & Tires License & Taxes Car Replacement Other
	*25-35% TOTAL	*10-15% TOTAL
☆ UTILITIES	Spent Budgeted	™ MEDICAL/HEALTH Spent Budgeted
Electricity Gas Water Trash Phone/Mobile Internet Cable		Medications Doctor Bills Dentist Optometrist Vitamins Other Other
	*5-10% TOTAL	*5-10% TOTAL



MONTHLY SPENDING PLAN

It's simple. Money is your tool to manage. Be intentional!

	INSURANCE	Spent	Budgeted
	Life Insurance		
	Health Insurance		
	Homeowner/Renter		
	Auto Insurance		
	Disability Insurance		
	Identity Theft		
	Long-Term Care		
		*10-25%	TOTAL
	PERSONAL	Spent	Budgeted
M	Child Care/Sitter		
M	Toiletries		
	Cosmetics/Hair Care		
	Education/Tuition		
	Books/Supplies		
	Child Support		
	Alimony		
	Subscriptions		
	Organization Dues		
	Gifts (inc. Christmas)		
	Replace Furniture		
	Pocket Money (His)		
	Pocket Money (Hers)		
	Baby Supplies		
	Pet Supplies		
	Music/Technology		
	Miscellaneous		
	Other		
	Other		
		*5-10%	TOTAL

术	RECREATION	Spent	Budgeted
Ø	Entertainment		
	Vacation		
		*5-10%	TOTAL
B	DEBTS	Spent	Budgeted
	Car Payment 1		
	Car Payment 2		
	Credit Card 1		
	Credit Card 2		
	Credit Card 3		
	Credit Card 4		
	Credit Card 5		
	Student Loan 1		
	Student Loan 2		
	Student Loan 3		
	Student Loan 4		
	Other		
	Your goal is 0%	*5-10%	TOTAL

Once you have completed filling out each category, subtract all category totals from your take-home pay.

Use the "income sources" form if necessary	▲ TAKE-HOME PAY
Add up totals from each category	— CATEGORY TOTALS
Remember— The goal of a zero-based budget is to get this number to zero	= ZERO BALANCE