

INSTRUCTIONS

Monthly Cash Flow Plan

Every dollar of your income should be allocated to some category on this sheet. Money "left-over" should be put back into a category even if you make up a new category. You are making spending decisions in advance of actually spending the \$. Almost every category (except debt) should have some dollar amount in it. Example: If you do not plan in advance to replace furniture, when you ultimately do replace it you will cause strain or borrowing, so go ahead and plan now by saving. Be real regarding your needs (yes, you do need clothing)! Be careful in your zeal to make the numbers work that you don't substitute the urgent for the important.

Fill in the amount for each subcategory under "Subtotal" and then the total for each main category under "Total." As you go through your first month, fill in the "Actually Spent" column with your real expenses or the saving you did for that area. If there is a substantial difference in the plan versus the reality something has to give. You will either need to adjust the amount allocated to that area up and another down or you will have to better control your spending in that area.

"Non-monthly Savings" is to set aside money each month to pay for those expenses that will come up some time during the year, but not every month (Gifts, Car Repairs, Vacation, etc) . Put the money in a separate savings account for "Non-monthly Savings" and use the money each time you have an expense for that item.

** beside an item means you should use the "Cash System"*

Note: Savings over \$1000 (your "baby" Emergency Fund) should be used to eliminate all debt except for your mortgage. After that, build the \$1000 up to a total of 3-6 months living expenses in your Emergency Fund.



MONTHLY CASH FLOW PLAN

PAY PERIOD: _____

ITEM

INCOME

	<i><u>Sub</u></i>		<i><u>Actually</u></i>	<i><u>Non-monthly</u></i>
	<i><u>Total</u></i>	<i><u>TOTAL</u></i>	<i><u>Spent</u></i>	<i><u>Savings</u></i>
CHARITABLE GIFTS	_____	_____	_____	_____
SAVING				
<i>Emergency Fund(1)</i>	_____	_____	_____	_____
<i>Retirement Fund</i>	_____	_____	_____	_____
<i>College Fund</i>	_____	_____	_____	_____
HOUSING				
<i>First Mortgage</i>	_____		_____	
<i>Second Mortgage</i>	_____		_____	
<i>Real Estate Taxes</i>	_____		_____	_____
<i>Homeowners Ins.</i>	_____		_____	_____
<i>Repairs or Mn. Fee</i>	_____		_____	_____
<i>Replace Furniture</i>	_____		_____	_____
<i>Other</i>	_____		_____	_____
UTILITIES				
<i>Electricity</i>	_____		_____	
<i>Water</i>	_____		_____	
<i>Gas</i>	_____		_____	
<i>Phone</i>	_____		_____	
<i>Trash</i>	_____		_____	
<i>Cable</i>	_____	_____	_____	
<i>Other</i>	_____		_____	_____
*FOOD				
<i>*Grocery</i>	_____		_____	
<i>*Restaurants</i>	_____	_____	_____	
PAGE 1 TOTAL	_____	_____		

<u>Budgeted Item</u>	<u>Sub Total</u>	<u>TOTAL</u>	<u>Actually Spent</u>	<u>Non-monthly Savings</u>
TRANSPORTATION				
Car Payment	_____		_____	
Car Payment	_____		_____	
Gas and Oil	_____		_____	
Repairs and Tires	_____		_____	_____
Car Insurance	_____		_____	_____
License and Taxes	_____		_____	_____
Car Replacement	_____	_____	_____	_____
PERSONAL				
Life Insurance	_____		_____	
Child Care	_____		_____	
*Baby Sitter	_____		_____	
*Toiletries	_____		_____	
*Cosmetics	_____		_____	
Hair Care	_____		_____	
Education/Adult	_____		_____	_____
School Tuition	_____		_____	_____
School Supplies	_____		_____	
Child Support	_____		_____	
Alimony	_____		_____	
Subscriptions	_____		_____	
Organization Dues	_____		_____	_____
Gifts (inc. Christmas)	_____		_____	_____
*Miscellaneous	_____		_____	
PAGE 2 TOTAL	_____	_____		



<u>Budgeted</u> <u>Item</u>	<u>Sub</u> <u>Total</u>	<u>TOTAL</u>	<u>Actually</u> <u>Spent</u>	<u>Non-monthly</u> <u>Savings</u>
MEDICAL/HEALTH				
Disability Insurance	_____		_____	
Health Insurance	_____		_____	
Doctor Bills	_____		_____	_____
Dentist	_____		_____	_____
Optometrist	_____		_____	_____
Medicine	_____	_____	_____	_____
*CLOTHING				
*Children	_____		_____	
*Adults	_____		_____	
*Cleaning/Laundry	_____	_____	_____	
RECREATION				
*Entertainment	_____		_____	
Vacation	_____	_____	_____	_____
DEBTS (Hopefully -0-)				
Visa 1	_____		_____	
Visa 2	_____		_____	
MasterCard 1	_____		_____	
MasterCard 2	_____		_____	
American Express	_____		_____	
Discover Card	_____		_____	
Gas Card 1	_____		_____	
Gas Card 2	_____		_____	
Dept. Store Card	_____		_____	
Finance Co.	_____		_____	
Student Loan 1	_____		_____	
Student Loan 2	_____		_____	
Other	_____		_____	_____
Other	_____		_____	_____
PAGE 3 TOTAL	_____	_____		_____ Total
PAGE 2 TOTAL	_____	_____		_____ Non-monthly
PAGE 1 TOTAL	_____	_____		_____ Savings
GRAND TOTAL	_____	_____		
<u>-TOTAL NET INCOME</u>		_____		
ZERO		ZERO		

