

Spending plan work sheet

Spending Plan

- Instructions:**
1. Calculate monthly net income in box 1
 2. Estimate monthly expenses (sum of fixed (2a), controllable (2b) and monthly portion of periodic expenses (2c))
 3. Compare income and expenses and make adjustments

2b. Controllable expenses

Food

Groceries \$ _____
 Food eaten out \$ _____

Household Expenses

Repairs & supplies \$ _____
 Furnishings & appliances \$ _____
 Outside upkeep \$ _____

Transportation

Gas and repairs \$ _____
 Other transportation \$ _____

Personal/Medical Care

\$ _____

Education/Reading

\$ _____

Travel & Entertainment

\$ _____

Child/Elder Care

\$ _____

Charity/Gifts/Special Expenses

\$ _____

Clothing

\$ _____

Savings

\$ _____

Other

\$ _____

Total Monthly Estimated

Fixed Expenses

| |
|----------|
| \$ _____ |
|----------|

**Monthly portion of premiums in NOT paid by employer OR automatically deducted from your paycheck OR listed with your periodic expenses on page 2.*