



Name _____ Date _____

SPENDING PLAN

FOR MONTH OF: _____

	PLAN	ACTUAL
MONTHLY INCOME		
Earned Income	\$ _____	\$ _____
Unearned Income	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

MONTHLY EXPENSES

Fixed Expenses

Pay Yourself First	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Total Fixed Expenses	\$ _____	\$ _____

Variable Expenses

Savings	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
School Supplies	\$ _____	\$ _____
Activities	\$ _____	\$ _____
Charitable Giving	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Variable Expenses	\$ _____	\$ _____

TOTAL EXPENSES (Fixed + Variable Expenses) \$ _____

PROFIT OR LOSS (Income – Total Expenses) \$ _____

ADJUSTMENTS FOR NEXT MONTH: _____
