

MONTHLY CASH FLOW PLAN

SHEET 5

<i>Budgeted</i> <u>Item</u>	<i>Sub</i> <u>Total</u>	<u>TOTAL</u>	<i>Actually</i> <u>Spent</u>	<i>% of Take</i> <u>Home Pay</u>
CHARITABLE GIFTS				
SAVING				
<i>Emergency Fund</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>	_____		_____	
*FOOD				
<i>*Grocery</i>	_____		_____	
<i>*Restaurants</i>	_____		_____	
TRANSPORTATION				
<i>Car Payment</i>	_____		_____	
<i>Car Payment</i>	_____		_____	
<i>*Gas and Oil</i>	_____		_____	
<i>*Repairs and Tires</i>	_____		_____	
<i>Car Insurance</i>	_____		_____	
<i>License and Taxes</i>	_____		_____	
<i>Car Replacement</i>	_____		_____	
PAGE 1 TOTAL		_____	_____	

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SHEET 5 CONTINUED

<i>Budgeted</i> <u>Item</u>	<i>Sub</i> <u>Total</u>	<u>TOTAL</u>	<i>Actually</i> <u>Spent</u>	<i>% of Take</i> <u>Home Pay</u>
<i>*CLOTHING</i>				
<i>*Children</i>	_____		_____	
<i>*Adults</i>	_____		_____	
<i>*Cleaning/Laundry</i>	_____	_____	_____	_____
<i>MEDICAL/HEALTH</i>				
<i>Disability Insurance</i>	_____		_____	
<i>Health Insurance</i>	_____		_____	
<i>Doctor Bills</i>	_____		_____	
<i>Dentist</i>	_____		_____	
<i>Optometrist</i>	_____		_____	
<i>Drugs</i>	_____	_____	_____	_____
<i>PERSONAL</i>				
<i>Life Insurance</i>	_____		_____	
<i>Child Care</i>	_____		_____	
<i>*Baby Sitter</i>	_____		_____	
<i>*Toiletries</i>	_____		_____	
<i>*Cosmetics</i>	_____		_____	
<i>*Hair Care</i>	_____		_____	
<i>Education/Adult</i>	_____		_____	
<i>School Tuition</i>	_____		_____	
<i>School Supplies</i>	_____		_____	
<i>Child Support</i>	_____		_____	
<i>Alimony</i>	_____		_____	
<i>Subscriptions</i>	_____		_____	
<i>Organization Dues</i>	_____		_____	
<i>Gifts (inc. Christmas)</i>	_____		_____	
<i>Miscellaneous</i>	_____		_____	
<i>*BLOW \$\$</i>	_____	_____	_____	_____
<i>PAGE 2 TOTAL</i>		_____		

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SHEET 5 CONTINUED

<u>Budgeted</u> <u>Item</u>	<u>Sub</u> <u>Total</u>	<u>TOTAL</u>	<u>Actually</u> <u>Spent</u>	<u>% of Take</u> <u>Home Pay</u>
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 1	_____		_____	
Dept. Store Card 2	_____		_____	
Finance Co. 1	_____		_____	
Finance Co. 2	_____		_____	
Credit Line	_____		_____	
Student Loan 1	_____		_____	
Student Loan 2	_____		_____	
Other _____	_____		_____	
Other _____	_____		_____	
Other _____	_____		_____	
Other _____	_____		_____	
Other _____	_____		_____	
PAGE 3 TOTAL		_____	_____	
PAGE 2 TOTAL		_____	_____	
PAGE 1 TOTAL		_____	_____	
GRAND TOTAL		_____	_____	
TOTAL HOUSEHOLD INCOME		_____	_____	
		ZERO		

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