

Spending Plan Worksheet

Income	
Your take-home pay	\$
Additional household take-home pay	\$
Other	\$
Total Income (sum of rows above)	\$

SPENDING CATEGORY 	PLANNED SPENDING 	ACTUAL SPENDING 
Expenses: Home & Utilities		
Mortgage or rent	\$	\$
Groceries	\$	\$
Electricity	\$	\$
Gas	\$	\$
Water	\$	\$
Cable/internet	\$	\$
Mobile phone	\$	\$
Other	\$	\$
Expenses: Insurance & Financial		
Health insurance	\$	\$
Other insurance	\$	\$
Credit cards	\$	\$
Other loans	\$	\$
Savings	\$	\$
Other	\$	\$
Expenses: Personal & Medical		
Medication (not covered by health insurance)	\$	\$
Medical, dental & eye care costs (not covered by health insurance)	\$	\$
Education	\$	\$
Other	\$	\$
Expenses: Entertainment		
Restaurants	\$	\$
Movies & music	\$	\$
Other	\$	\$
Expenses: Transportation & Auto		
Public transportation	\$	\$
Car expenses	\$	\$
Other	\$	\$
Expenses: Other		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expenses (sum of all expenses)	\$	\$

CHECK IF SPENT AS PLANNED

Net Savings or Loss (subtract Total Expenses from Total Income)	\$	\$
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