

# SPENDING PLAN WORKSHEET

Use this worksheet to record your cash flow this month, then use the information to help you plan next month's cash flow.

## Income

	Monthly (current)	Monthly (goal)
Service member's take-home pay (after taxes, benefits and other deductions)	\$	\$
Spouse's take-home pay (after taxes, benefits and other deductions)	\$	\$
Other income (child support, second job, etc., after taxes)	\$	\$
<b>TOTAL MONTHLY TAKE-HOME INCOME</b>	\$	\$

## Saving and Investing\*

Savings	\$	\$
Investments (IRA, other investment accounts)	\$	\$
<b>TOTAL MONTHLY SAVINGS AND INVESTING</b>	\$	\$

## Housing

Monthly mortgage and property taxes (enter "0" if renting)	\$	\$
Monthly rent payment (enter "0" if you only have a mortgage)	\$	\$
Renters insurance or homeowners insurance not included in mortgage	\$	\$
Utilities (electricity, gas, etc.)	\$	\$
Internet, cable and phones	\$	\$
Other housing expenses (pest control, lawn service, etc.)	\$	\$

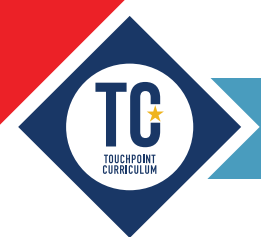
## Food

Groceries and household supplies	\$	\$
Dining out	\$	\$
Other food expenses	\$	\$

## Transportation

Auto/motorcycle loan payment(s)	\$	\$
Auto/motorcycle insurance	\$	\$
Auto/motorcycle fuel	\$	\$
Auto/motorcycle maintenance (1/12 of annual total)	\$	\$
Public Transportation (Metro, bus, etc.) parking, tolls, ride sharing	\$	\$
Other transportation expenses	\$	\$

*\*Contributions to the Thrift Savings Plan (TSP) and other employer-sponsored retirement plans are not included in this Spending Plan Worksheet.*



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## Health

- Medicines and supplements
- Health insurance deductibles/copays
- Other health expenses (dental, glasses, contacts, etc.)

Monthly (current)      Monthly (goal)

\$		\$	
\$		\$	
\$		\$	

## Personal and Family

- Child care
- Child and/or spousal support
- Clothing and shoes
- Laundry service/dry cleaning
- Money given to family members
- Entertainment (movies, streaming services, magazines, etc.)
- Vacations
- Pets
- Memberships and subscriptions
- Other personal or family expenses

\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	

## Other Expenses

- Credit card payments
- Student loan payments
- Other loans (furniture stores, appliances, HVAC systems, etc.)
- School costs (tuition, supplies, etc.)
- Non-monthly expenses (if annual ÷ by 12)
- Life insurance (monthly premiums paid for private policies)
- Gifts (estimated annual expenses ÷ 12)
- Other expenses (bank, credit card, ATM, and other fees)

\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	

## TOTALS

- Income
- Savings and Investments
- Monthly Expenses
- Difference

\$		\$	
\$		\$	
\$		\$	
\$		\$	

If your income is more than your expenses, you have money left to save or spend. If your expenses are more than your income, look for expenses to reduce or cut.