



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)	\$	\$
TOTAL MONTHLY TAKE HOME INCOME	\$	\$

Saving and Investing*

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

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	\$	\$

Health

Medicines and supplements	\$	\$
Health insurance deductibles/co-pays	\$	\$
Other health expenses (dental, glasses, contacts, etc.)	\$	\$

**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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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

Monthly (current)	Monthly (goal)
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

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.