

SPENDING PLAN WORKSHEET

Name:

Month: Year:

Use this fillable worksheet to record your cash flow this month, then use the information to help you plan next month's cash flow. **Enter the letter "A" in every field for expenses paid by military allotments.**

Income

Monthly
(current)

Monthly
(goal)

Service member's take home pay (salary after taxes, TSP, benefits and other deductions)	\$ <input type="text"/>	\$ <input type="text"/>
Spouse's take home pay (salary after taxes, benefits and other deductions)	\$ <input type="text"/>	\$ <input type="text"/>
Other income (child support, second job, etc., after taxes)	\$ <input type="text"/>	\$ <input type="text"/>

TOTAL MONTHLY TAKE HOME INCOME	\$ <input type="text"/> 0	\$ <input type="text"/> 0
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Saving and Investing

Savings	\$ <input type="text"/>	\$ <input type="text"/>
Investments (IRA, other investment accounts)	\$ <input type="text"/>	\$ <input type="text"/>

TOTAL MONTHLY SAVINGS AND INVESTING	\$ <input type="text"/> 0	\$ <input type="text"/> 0
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Expenses

Housing

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

Food

Groceries and household supplies	\$ <input type="text"/>	\$ <input type="text"/>
Dining out	\$ <input type="text"/>	\$ <input type="text"/>
Other food expenses	\$ <input type="text"/>	\$ <input type="text"/>

Transportation

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

Health

Medicines and supplements	\$ <input type="text"/>	\$ <input type="text"/>
Health insurance deductibles/co-pays	\$ <input type="text"/>	\$ <input type="text"/>
Other health expenses (dental, glasses, contacts, etc.)	\$ <input type="text"/>	\$ <input type="text"/>

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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

\$ 0	\$ 0
\$ 0	\$ 0
\$ 0	\$ 0
\$ 0	\$ 0

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.

Personal Financial Managers (PFMs) and Personal Financial Counselors (PFCs) are available to help you achieve and maintain financial readiness at every step of your military journey through flexible, no-cost personal support services.

Make an appointment with on these accredited professionals today at your installation Family Center.

