

Worksheet 10: Monthly Spending Plan

		Planned Expenditure					
		Week 1	Week 2	Week 3	Week 4	Week 5	Month Total
Housing							
	Mortgage or rent						
	Utilities: Water, sewer						
	Utilities: Gas						
	Utilities: Electric						
	Utilities: Trash						
	Utilities: Home phone						
	Utilities: Cell phone service						
	Appliance rental						
	Furniture rental						
	Cable TV service						
	Internet service						
	Long-distance telephone service						
	Caller ID and other add-on features						
	Home supplies						
	Repairs						
Transportation							
	Car payment or lease payment						
	Gasoline						
	Maintenance / repairs						
	Parking costs						
	Public transportation costs						
	Other transportation expenses						
Medical							
	Recurring out-of-pocket necessary medical expenses (prescriptions, medical supplies, etc.)						
Debts and Legal Obligations							
	Credit cards						
	Student loans						
	Alimony / child support						
Food							
	Food groceries						
	School lunches						
	Fast food						
	Restaurants						
	Candies, snacks						
	Other:						
Non-Food Groceries							
	Non-food groceries						

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		Planned Expenditure					
		Week 1	Week 2	Week 3	Week 4	Week 5	Month Total
Insurance							
	Health insurance (include medical and dental)						
	Homeowner's or renter's insurance						
	Car insurance (per month)						
	Life insurance						
	Disability insurance						
	Long-term care insurance						
	Other types of insurance						
Other							
	Child care						
	Salon services (hair, nails, etc)						
	Gym membership						
	Personal trainer						
	Laundromat						
	Dry cleaning						
	Music, sport, etc. lessons						
	Movies – in movie theater						
	Movies - rental						
	Theater, concerts, etc.						
	Other entertainment						
	Clothing						
	Alcohol						
	Other:						
	Other:						
	Other:						
Total Planned Expenditures for the Month:							