Monthly Spending Plan

| Expenses | Your Estimate | Actual | Budget | Wants | Needs |
|-------------------------------|---------------|--------|--------|-------|-------|
| Rent / Mortgage | | | | | |
| Home/Renters Ins | | | | | |
| Life/Health Ins | | | | | |
| Auto Ins | | | | | |
| Child Care | | | | | |
| Child Support | | | | | |
| Car Payment | | | | | |
| Groceries | | | | | |
| Meals Out | | | | | |
| Electricity | | | | | |
| Gas/Heat | | | | | |
| Water/Sewer/Garbage | | | | | |
| Telephone/Cell | | | | | |
| Internet/Cable | | | | | |
| Gasoline | | | | | |
| Auto Maintenance | | | | | |
| Auto Repairs | | | | | |
| Auto Tags | | | | | |
| Smog Check | | | | | |
| Parking Fees | | | | | |
| Bus Fare | | | | | |
| Clothing | | | | | |
| Dry Cleaning/Laundromat | | | | | |
| Hair/Nails | | | | | |
| Entertainment | | | | | |
| Gym Membership | | | | | |
| Personal Items | | | | | |
| Tobacco/Alcohol | | | | | |
| Books/Newspapers/Magazines | | | | | |
| Cleaning Supplies | | | | | |
| Hobbies/Lessons | | | | | |
| Clubs | | | | | |
| School Activities | | | | | |
| Student Organization | | | | | |
| Dues/Memberships | | | | | |
| Doctor | | | | | |
| Dentist | | | | | |
| Medicine/Prescriptions | | | | | |
| Postage | | | | | |
| Bank/ATM Fees | | | | | |
| Church/Charities | | | | | |
| Allowances to Children | | | | | |
| Vending Machines | | | | | |
| Holiday Gift Giving/Birthdays | | | | | |
| Home Repairs | | | | | |

| Property Taxes/IRS | | | |
|--------------------|--|--|--|
| Pet Expenses | | | |
| Vet Bills | | | |
| Vacation Expenses | | | |
| | | | |
| Other | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| Total Income | | | |
| Total Expenses | | | |
| Balance | | | |