Monthly Spending Plan Worksheet

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Pay Period 1	Estimated	Actual
Date:	Amt	Amt pd
Balance in Checking	\$	
Income #1		
Income #2		
Other Income		
TOTAL INCOME	\$	
Bills Due this Pay Period	d:	
I. I. I. C. D	A	
Total Needed for Bills	\$	
Other Expenses :		
Donations/ Charity		
Periodic Savings		
Emergency Savings		
Groceries		
Toiletries/ Non-food Items		
Gas		
Prescriptions		
Eat Out/Entertainment *CASH		
Total Other Expenses:	\$	

Pay Period 2	Estimated	Actual	
Date:	Amt	Amt pd	
Balance in Checking	\$		
Income #1			
Income #2			
Other Income			
TOTAL INCOME	\$		
Bills Due this Pay Period:			
Total Needed for Bills	\$		
Other Expenses :			
Donations/ Charity			
Periodic Savings			
Emergency Savings			
Groceries			
Toiletries/ Non-food Items			
Gas			
Prescriptions			
Eat Out/Entertainment			
*CASH	4		
Total Other Expenses:	\$,	
Income-Bills-Expenses	\$	+/-	