Monthly Cash Flow Plan

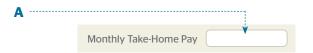
Cash flows in and out each month. Make sure you tell it where to go!

Yes, this budget form has a lot of lines and blanks.

But that's okay. We do that so we can list practically every expense imaginable on this form to prevent you from forgetting something. Don't expect to put something on every line. Just use the ones that are relevant to your specific situation.

Step 1

Enter your monthly take-home pay in the box at the top right (A). This is the amount you have for the month to budget. So far so good, huh?



Step 2

Within each main category, such as Food, there are subcategories, like Groceries. Start at the top and work your way down, filling out the Budgeted column (**B**) first. Add up each subcategory and put that number in the Total box (**C**).

Also, pay attention to Dave's recommended percentages (**D**). This will help you keep from budgeting too much for a category.



Step 3

Finally, enter your take-home pay in the top box at the end of the page (**E**), then add up all categories and place that total in the Category Totals box (**F**). Then subtract your Category Totals amount from your Take-Home Pay. You should have a zero balance (**G**). Doesn't that feel great?



Step 4

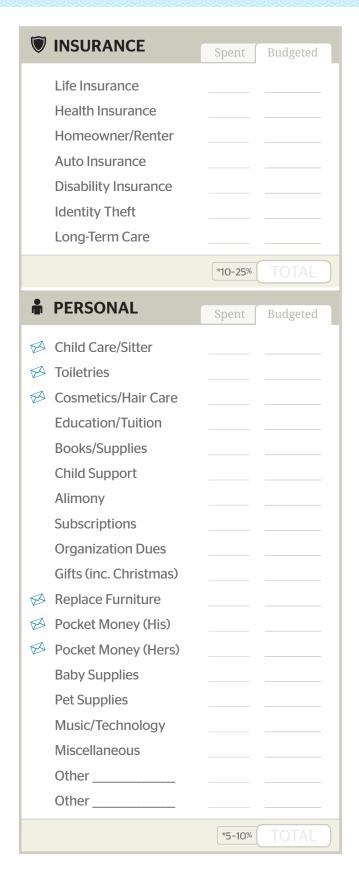
When the month ends, put what you actually spent in the Spent column (**H**). That will help you make any necessary adjustments to the next month's budget.



Monthly Cash Flow Plan Cash flows in and out each month. Make sure you tell it where to go!

		Monthly Take-Home Pay
	Add up budgeted column ; enter here	These icons represent good options for cash envelopes
CHARITY	Spent Budgeted	♥ FOOD Spent Budgeted
Tithes Charity & Offerings		Groceries Restaurants
	*10-15% TOTAL *	*5-15% TOTAL
 	Spent Budgeted	T CLOTHING Spent Budgeted
Emergency Fund Retirement Fund College Fund		Adults Children Cleaning/Laundry
♣ HOUSING	*10-15% TOTAL Spent Budgeted	*2-7% TOTAL *TRANSPORTATION Spent Budgeted
First Mortgage/Rent Second Mortgage Real Estate Taxes Repairs/Maint. Association Dues		Gas & Oil Repairs & Tires License & Taxes Car Replacement Other
	*25-35% TOTAL	*10-15% TOTAL
☆ UTILITIES	Spent Budgeted	MEDICAL/HEALTH Spent Budgeted
Electricity Gas Water Trash Phone/Mobile Internet Cable		Medications Doctor Bills Dentist Optometrist Vitamins Other Other
	*5-10% TOTAL	*5-10% TOTAL

*Dave's Recommended Percentages



秀	RECREATION	Spent	Budgeted
Ø	Entertainment		
	Vacation		
		*5-10%	TOTAL
B	DEBTS	Spent	Budgeted
	Car Payment 1		
	Car Payment 2		
	Credit Card 1		
	Credit Card 2		
	Credit Card 3		
	Credit Card 4		
	Credit Card 5		
	Student Loan 1		
	Student Loan 2		
	Student Loan 3		
	Student Loan 4		
	Other		
	Your goal is 0%	*5-10%	TOTAL
	Once you have completed fillir subtract all category totals fron		
	e "income sources"	TAIZE	OMEDAY
form	if necessary	IAKE-H	OME PAY
Add up totals		CATEGO	RY TOTALS
	ember—		
he go	al of a zero-based t is to get this =	ZERO E	

number to zero