



Personal Monthly Spending

	<u>WEEK 1</u>	<u>WEEK 2</u>	<u>WEEK 3</u>	<u>WEEK 4</u>
<u>PAY PERIOD</u>	/	/	/	/
<u>INCOME</u>	\$ _____	\$ _____	\$ _____	\$ _____
<u>MONTHLY AUTO EXPENSE</u>				
Loan / Lease	\$ _____	\$ _____	\$ _____	\$ _____
Loan / Lease	\$ _____	\$ _____	\$ _____	\$ _____
Fuel / Oil	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Maintenance / Oil Changes	\$ _____	\$ _____	\$ _____	\$ _____
Car Wash / Detailing	\$ _____	\$ _____	\$ _____	\$ _____
Licensing / Registration	\$ _____	\$ _____	\$ _____	\$ _____
Tolls	\$ _____	\$ _____	\$ _____	\$ _____
Parking	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
<u>HOME EXPENSE</u>				
Primary 1st Mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Primary 2nd Mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Primary Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Primary Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Primary Maintenance / Repairs	\$ _____	\$ _____	\$ _____	\$ _____
Secondary 1st Mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Secondary 2nd Mortgage	\$ _____	\$ _____	\$ _____	\$ _____
Secondary Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Secondary Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Secondary Maintenance / Repairs	\$ _____	\$ _____	\$ _____	\$ _____
Association Fees	\$ _____	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
<u>HOUSEHOLD EXPENSE</u>				
Groceries	\$ _____	\$ _____	\$ _____	\$ _____
Cable	\$ _____	\$ _____	\$ _____	\$ _____
Internet	\$ _____	\$ _____	\$ _____	\$ _____
Home Heat	\$ _____	\$ _____	\$ _____	\$ _____
Electricity	\$ _____	\$ _____	\$ _____	\$ _____
Water	\$ _____	\$ _____	\$ _____	\$ _____
Phone	\$ _____	\$ _____	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____	\$ _____	\$ _____
Home Security	\$ _____	\$ _____	\$ _____	\$ _____
House Cleaning	\$ _____	\$ _____	\$ _____	\$ _____
Trash Removal	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
<u>BALANCE</u>	\$ _____	\$ _____	\$ _____	\$ _____



Personal Monthly Spending

WEEK 1

WEEK 2

WEEK 3

WEEK 4

PERSONAL EXPENSE

Adult Tuition / Books	\$ _____	\$ _____	\$ _____	\$ _____
Adult Sports Fees	\$ _____	\$ _____	\$ _____	\$ _____
Adult Sports Equipment / Supplies	\$ _____	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Children Activities	\$ _____	\$ _____	\$ _____	\$ _____
Children School Events	\$ _____	\$ _____	\$ _____	\$ _____
Children Sports Equipment / Supplies	\$ _____	\$ _____	\$ _____	\$ _____
Children Sports Fees	\$ _____	\$ _____	\$ _____	\$ _____
Children Tuition / Books	\$ _____	\$ _____	\$ _____	\$ _____
Clothing / Shoes	\$ _____	\$ _____	\$ _____	\$ _____
Dining Out	\$ _____	\$ _____	\$ _____	\$ _____
Donations	\$ _____	\$ _____	\$ _____	\$ _____
Dry Cleaning	\$ _____	\$ _____	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____	\$ _____	\$ _____
Events	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Hobbies	\$ _____	\$ _____	\$ _____	\$ _____
Memberships	\$ _____	\$ _____	\$ _____	\$ _____
Movies / Rentals	\$ _____	\$ _____	\$ _____	\$ _____
Music	\$ _____	\$ _____	\$ _____	\$ _____
Pocket Money	\$ _____	\$ _____	\$ _____	\$ _____
Retirement Contributions	\$ _____	\$ _____	\$ _____	\$ _____
SAVINGS	\$ _____	\$ _____	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____	\$ _____	\$ _____
Subscriptions	\$ _____	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____	\$ _____
Vacation	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____

HEALTH

Cosmetics	\$ _____	\$ _____	\$ _____	\$ _____
Dental Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Doctor Co-Pays	\$ _____	\$ _____	\$ _____	\$ _____
Hair / Nails	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Medical Insurance	\$ _____	\$ _____	\$ _____	\$ _____
OTC Drugs	\$ _____	\$ _____	\$ _____	\$ _____
Pet Food / Medicine	\$ _____	\$ _____	\$ _____	\$ _____
Prescription Co-Pays	\$ _____	\$ _____	\$ _____	\$ _____
Prescription Drugs	\$ _____	\$ _____	\$ _____	\$ _____
Veterinary Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Vision Insurance	\$ _____	\$ _____	\$ _____	\$ _____

BALANCE

\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------



Personal Monthly Spending

WEEK 1

WEEK 2

WEEK 3

WEEK 4

UNSECURED DEBT

Credit card 1	\$ _____	\$ _____	\$ _____	\$ _____
Credit card 2	\$ _____	\$ _____	\$ _____	\$ _____
Credit card 3	\$ _____	\$ _____	\$ _____	\$ _____
Credit card 4	\$ _____	\$ _____	\$ _____	\$ _____
Credit card 5	\$ _____	\$ _____	\$ _____	\$ _____
Credit card 6	\$ _____	\$ _____	\$ _____	\$ _____
Credit card 7	\$ _____	\$ _____	\$ _____	\$ _____
Credit card 8	\$ _____	\$ _____	\$ _____	\$ _____
Credit card 9	\$ _____	\$ _____	\$ _____	\$ _____
Loan 1	\$ _____	\$ _____	\$ _____	\$ _____
Loan 2	\$ _____	\$ _____	\$ _____	\$ _____

SAVINGS PLAN

Appliances	\$ _____	\$ _____	\$ _____	\$ _____
Car Replacement	\$ _____	\$ _____	\$ _____	\$ _____
Emergency Fund	\$ _____	\$ _____	\$ _____	\$ _____
Holiday Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Inside Home	\$ _____	\$ _____	\$ _____	\$ _____
Outside Home	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____

BALANCE

\$ _____	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------

WEEK 1 NOTES

WEEK 2 NOTES

WEEK 3 NOTES

WEEK 4 NOTES
