

MONTHLY CASH FLOW PLAN for _____

INCOME		SOURCE OF INCOME	AVERAGE MONTHLY	WEEK #1	WEEK #2	WEEK #3	WEEK #4
EARNER	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
TOTAL INCOME							
EXPENSES							
DATE DUE	GIVING	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
	INVESTMENTS	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
	SAVINGS	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____
	HOUSING	MORTGAGE/RENT	_____	_____	_____	_____	_____
		TAXES	_____	_____	_____	_____	_____
		INSURANCE	_____	_____	_____	_____	_____
		ELECTRIC	_____	_____	_____	_____	_____
		HEAT	_____	_____	_____	_____	_____
		PHONE	_____	_____	_____	_____	_____
		CELL PHONE	_____	_____	_____	_____	_____
		TRASH	_____	_____	_____	_____	_____
		Cable/Satellite	_____	_____	_____	_____	_____
		INTERNET	_____	_____	_____	_____	_____
		HOME REPAIRS	_____	_____	_____	_____	_____
		REPLACE FURNITURE	_____	_____	_____	_____	_____
	AUTOMOTIVE	GAS	_____	_____	_____	_____	_____
		INSURANCE	_____	_____	_____	_____	_____
		LICENSE/TAXES	_____	_____	_____	_____	_____
		REPAIRS/MAINT.	_____	_____	_____	_____	_____
		REPLACE CAR	_____	_____	_____	_____	_____
	Household	Food	_____	_____	_____	_____	_____
		Household	_____	_____	_____	_____	_____
		DINING OUT	_____	_____	_____	_____	_____
		SCHOOL LUNCH	_____	_____	_____	_____	_____
	Clothing	Adults	_____	_____	_____	_____	_____
		Children	_____	_____	_____	_____	_____