




Spending Plan Worksheet

Income	
Your take-home pay	\$ _____
Additional household take-home pay	\$ _____
Other	\$ _____
Total Income (sum of rows above)	\$ _____

SPENDING CATEGORY 	PLANNED SPENDING 	ACTUAL SPENDING 
Expenses: Home & Utilities		
Mortgage or rent	\$ _____	\$ _____
Groceries	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Gas	\$ _____	\$ _____
Water	\$ _____	\$ _____
Cable/internet	\$ _____	\$ _____
Mobile phone	\$ _____	\$ _____
Other	\$ _____	\$ _____
Expenses: Insurance & Financial		
Health insurance	\$ _____	\$ _____
Other insurance	\$ _____	\$ _____
Credit cards	\$ _____	\$ _____
Other loans	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Other	\$ _____	\$ _____
Expenses: Personal & Medical		
Medication <small>(not covered by health insurance)</small>	\$ _____	\$ _____
Medical, dental & eye care costs <small>(not covered by health insurance)</small>	\$ _____	\$ _____
Education	\$ _____	\$ _____
Other	\$ _____	\$ _____
Expenses: Entertainment		
Restaurants	\$ _____	\$ _____
Movies & music	\$ _____	\$ _____
Other	\$ _____	\$ _____
Expenses: Transportation & Auto		
Public transportation	\$ _____	\$ _____
Car expenses	\$ _____	\$ _____
Other	\$ _____	\$ _____
Expenses: Other		
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Total Expenses (sum of all expenses)	\$ _____	\$ _____

CHECK IF SPENT AS PLANNED
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Net Savings or Loss (subtract Total Expenses from Total Income)	\$ _____	\$ _____
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