

MONTHLY CASH FLOW Budget Plan



Budgeted Items	Sub Total	Total	Actually Spent	% of Take Home Pay
Tithe/Charity	_____		_____	
Saving	_____		_____	
Emergency Fund	_____		_____	
Retirement Fund	_____		_____	
College Fund	_____	_____	_____	_____
Housing				
First Mortgage	_____		_____	
Second Mortgage	_____		_____	
Real Estate Taxes	_____		_____	
Homeowners Taxes	_____		_____	
Repairs/Maintenance	_____		_____	
Replace Furniture	_____		_____	
Other	_____	_____	_____	_____
Utilities				
Water	_____		_____	
Gas	_____		_____	
Phone	_____		_____	
Trash	_____		_____	
Cable	_____	_____	_____	_____
Food				
Grocery	_____		_____	
Restaurants	_____		_____	
Other	_____	_____	_____	_____
Transportation				
Car Payment	_____		_____	
Gas & Oil	_____		_____	
Repairs & Tires	_____		_____	
Car Insurance	_____		_____	
License & Taxes	_____		_____	
Car Replacement	_____	_____	_____	_____
Clothing				
Kids	_____		_____	
Adults	_____		_____	
Cleaning/Laundry	_____	_____	_____	_____
Medical/Health				
Disability Ins.	_____		_____	
Health Ins.	_____		_____	
Doctor Bills	_____		_____	
Dentist	_____		_____	
Optometrist	_____		_____	
Drugs	_____	_____	_____	_____