

**Monthly Cash Flow Plan for \_\_\_\_\_**

INCOME	Source	Source of Income	Average Monthly	Week #1	Week #2	Week #3	Week #4
		<b>Total Income</b>					
<b>Expenses</b>							
	<b>Our Our</b>	<b>Gifts</b>					
		<b>Investments</b>					
		<b>Services</b>					
		<b>Housing</b>					
		Mortgage/Rent					
		Taxes					
		Insurance					
		Electric					
		Heat					
		Phone					
		Cell Phone					
		Trash					
		Cable/Satellite					
		Internet					
		Home Repairs					
		Replace Furniture					
		<b>Automobile</b>					
		Gas					
		Insurance					
		License/Taxes					
		Repairs/Maint.					
		Replace Car					
		<b>Household</b>					
		Food					
		Household					
		Dining Out					
		School Lunch					
		<b>Children</b>					
		Adults					
		Children					