

Monthly Cash Flow Plan for _____

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