Monthly Cash Flow Plan for _____

Income	Source	Source of Income	Average Monthly	Week #1	Week #2	Week #3	Week #4
	Total Income						
Expenses							
Fixed Over	Charity						
	Insurance						
	Savings						
	Housing	Mortgage/Rent					
		Taxes					
		Insurance					
		Electric					
		Gas					
		Phone					
		Cell Phone					
		Trash					
		Cable/Satellite					
		Internet					
		Home Repairs					
		Replace Furniture					
	Automobile	Car					
		Insurance					
		License/Taxes					
		Repairs/Maint					
		Replace Car					
	Household	Food					
		Household					
		Dining Out					
		School Lunch					
	Clothing	Adults					
		Children					