

SALES REPRESENTATIVE PLANNING WORKSHEET		Name:	
		Date:	
		Monthly Payment	
I PERSONAL/HOUSEHOLD EXPENSE			\$0.00
Mortgage/Rent			\$0.00
Real Estate Tax			\$0.00
Real Estate Insurance			\$0.00
Installment Loans (List)			\$0.00
a. Automobile			\$0.00
b. Other			\$0.00
c. Other			\$0.00
d. Other			\$0.00
Food			\$0.00
Clothing			\$0.00
Laundry, Cleaning			\$0.00
Electricity			\$0.00
Heating/Cooling			\$0.00
Auto Expense (Gas/Oil)			\$0.00
Auto Insurance			\$0.00
Life Insurance			\$0.00
Medical Insurance			\$0.00
Entertainment			\$0.00
Personal Care			\$0.00
Gifts			\$0.00
Miscellaneous			\$0.00
Medical Expense (Prescriptions)			\$0.00
Child Care			\$0.00
Taxes (Federal/State/SS)			\$0.00
Other			\$0.00
Other			\$0.00
	Subtotal Living Expenses		\$0.00
II BUSINESS EXPENSE			\$0.00
Gas/Oil (Territory Travel)			\$0.00
Maintenance Auto			\$0.00
Entertainment			\$0.00
Supplies			\$0.00
Postage			\$0.00
Phone			\$0.00
Printing			\$0.00
Miscellaneous			\$0.00
	Subtotal Business Expenses		\$0.00
	Grand Total Expenses		\$0.00 Monthly
III ADDITIONAL INCOME			
1	_____		
2	_____		
3	_____		
IV RECOMMENDATION (To be completed by Area Sales Manager)			

