

Monthly Cash Flow Plan for _____

INCOME	Source	Source of Income	Average Monthly	Week #1	Week #2	Week #3	Week #4
		Total Income					
Expenses							
Our Out: Gifts							
Investments							
Savings							
Housing							
		Mortgage/Rent					
		Taxes					
		Insurance					
		Electric					
		Heat					
		Phone					
		Cell Phone					
		Trash					
		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					