

MONTHLY CASH FLOW PLAN

Month: _____ Year: _____

Budgeted Item	Subtotal	TOTAL	Actually Spent	% of Take Home Pay
GIVING				
Tithes	_____		_____	
Other Giving	_____	_____	_____	_____
SAVING				
Emergency Fund	_____		_____	
Retirement Fund	_____		_____	
Other _____	_____	_____	_____	_____
HOUSING				
First Mortgage	_____		_____	
Second Mortgage	_____		_____	
Real Estate Taxes	_____		_____	
Homeowners Ins.	_____		_____	
Repairs/Mn. Fee	_____		_____	
Replace Furniture	_____		_____	
Other _____	_____	_____	_____	_____
UTILITIES				
Electricity	_____		_____	
Water	_____		_____	
Gas	_____		_____	
Phone	_____		_____	
Trash	_____		_____	
Cable	_____	_____	_____	_____
*FOOD				
*Grocery	_____		_____	
*Restaurants	_____	_____	_____	_____
TRANSPORTATION				
Car Payment	_____		_____	
Car Payment	_____		_____	
*Gas & Oil	_____		_____	
*Repairs & Tires	_____		_____	
Car Insurance	_____		_____	
License & Taxes	_____		_____	
Car Replacement	_____	_____	_____	_____
*CLOTHING				
*Children	_____		_____	
*Adults	_____		_____	
*Cleaning/Laun.	_____	_____	_____	_____
RECREATION				
*Entertainment	_____		_____	
Vacation	_____	_____	_____	_____
PAGE 1 TOTAL				
		_____	_____	

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Budgeted Item	SubTotal	TOTAL	Actually Spent	% of Take Home Pay
MEDICAL/HEALTH				
Disability Ins.	_____		_____	
Health Insurance	_____		_____	
Doctor Bills	_____		_____	
Dentist	_____		_____	
Optometrist	_____		_____	
Drugs	_____	_____	_____	_____
PERSONAL				
Life Insurance	_____		_____	
Child Care	_____		_____	
*Baby Sitter	_____		_____	
*Toiletries	_____		_____	
*Hair Care	_____		_____	
Education/Adult	_____		_____	
School Tuition	_____		_____	
School Supplies	_____		_____	
Child Support	_____		_____	
Alimony	_____		_____	
Subscriptions	_____		_____	
Organization Dues	_____		_____	
Gifts (inc. Christmas)	_____		_____	
Miscellaneous	_____		_____	
*BLOW \$\$	_____	_____	_____	_____
MINISTRY EXPENSES				
Travel/Conferences	_____		_____	
MPD Materials	_____		_____	
Newsletter	_____		_____	
Other _____	_____	_____	_____	_____
DEBTS (Hopefully -0-)				
Visa 1	_____		_____	
Visa 2	_____		_____	
MasterCard 1	_____		_____	
MasterCard 2	_____		_____	
American Express	_____		_____	
Discover Card	_____		_____	
Gas Card	_____		_____	
Dept. Store Card	_____		_____	
Credit Line	_____		_____	
Student Loan	_____		_____	
Other _____	_____	_____	_____	_____
PAGE 2 TOTAL		_____	_____	
PAGE 1 TOTAL		_____	_____	
GRAND TOTAL		_____	_____	
TOTAL HOUSEHOLD INCOME		_____	_____	
		ZERO		