

SPENDING PLAN



For: _____

Date: _____

Spending Plan	Monthly \$	Yearly \$
HOME		
Mortgage/Rent		
Real Estate taxes		
Gas		
Electric		
Water/sewer		
Phone/Internet		
Cellular		
Cable/Satellite		
Home repair/maintenance		
Insurance		
Other		
Total Home		
TRANSPORTATION		
Car Loan/lease payment		
Gasoline		
Insurance		
License		
Repairs/maintenance		
Parking		
Public transit		
Other		
Total Transportation		
FOOD		
Groceries		
Dining out		
Lunches		
Total Food		

Spending Plan	Monthly \$	Yearly \$
CHARITIES		
<i>Donations</i>		
PERSONAL		
Medical/dental/prescriptions		
Entertainment		
Clothing		
Kid's activities		
Laundry/dry cleaning		
Subscriptions		
Health Club		
Gifts		
Personal care		
Total Personal		
Vacation and Travel		
<i>Annual expected expenses</i>		
SAVINGS		
Retirement savings*		
RESP		
Emergency Saving Acct.		
Other		
Total Savings		
DEBT PAYMENTS	<i>Current Balance</i>	<i>Monthly Pmt</i>
Student Loans		
Home equity loan		
Credit Cards		
Other Debts		
Other		
Total Debt Repayments		