



# Monthly Cash Flow Plan

Member name: \_\_\_\_\_

Cash flows in and out each month; make sure you tell it where to go! Month \_\_\_\_\_

FOOD	SPENT	BUDGETED
Groceries		
Restaurants		
*5-15%	TOTAL:	

INSURANCE	SPENT	BUDGETED
Home		
Auto		
*10-15%	TOTAL:	

HOUSING	SPENT	BUDGETED
1st Mortg/Rent		
2nd Mortg/Rent		
Real Estate Tax		
Repairs/Maint.		
Assoc. Dues		
*25-35%	TOTAL:	

TRANSPORT	SPENT	BUDGETED
Gas & Oil		
Repairs & Tires		
License & Taxes		
Car Replacement		
Other: _____		
*10-15%	TOTAL:	

UTILITIES	SPENT	BUDGETED
Electric		
Gas		
Water		
Trash		
Phone/Cell		
Internet		
Cable		
*5-10%	TOTAL:	

MED/HEALTH	SPENT	BUDGETED
Health Insurance		
Medications		
Doctor Bills		
Dentist		
Optometrist		
Vitamins		
Other: _____		
*5-10%	TOTAL:	

SAVINGS	SPENT	BUDGETED
Emergency Fund		
Retirement Fund		
College Fund		
*10-15%	TOTAL:	

CLOTHING	SPENT	BUDGETED
Adults		
Children		
Cleaning/Laundry		
*2-7%	TOTAL:	



PERSONAL	SPENT	BUDGETED
Child Care/Sitter		
Toiletries		
Cosmetics/Hair		
Education/Tuition		
Books/Supplies		
Child Support		
Alimony		
Subscriptions		
Dues		
Gifts (Christmas, holiday, birthday)		
Replace Furniture		
Pocket Money (His)		
Pocket Money (Hers)		
Baby Supplies		
Pet Supplies		
Music/Technology		
Miscellaneous		
Other: _____		
Other: _____		
*5-10%	TOTAL:	

DEBT	SPENT	BUDGETED
Car Payment 1		
Car Payment 2		
Credit Card 1 ____		
Credit Card 2 ____		
Credit Card 3 ____		
Credit Card 4 ____		
Credit Card 5 ____		
Student Loan 1		
Student Loan 3		
Student Loan 3		
Student Loan 4		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
*5-10%	TOTAL:	

RECREATION	SPENT	BUDGETED
Entertainment		
Vacation		
*5-10%	TOTAL:	

CHARITY	SPENT	BUDGETED
Regular giving		
One-time giving		
*10-15%	TOTAL:	

Once you have completed filling out each category, subtract all category totals from your take home pay:

+ TAKE HOME PAY	\$	.
- CATEGORY TOTALS	\$	.
= ZERO BALANCE	\$	.

**Questions? We are here to help!**  
Call our Member Contact Center at (877) 937-2328.

