

Spending Plan - Form 3

		Monthly Expenses	Category Totals	Non-Monthly Expenses <small>(Be sure to include the monthly average into the Monthly Expense cell)</small>
10-15%	CHARITABLE GIFTS			<--- Put total of category in aqua box (ex: Church, Other, & Other)
	Church			
	Other			
	Other			
10-25%	SAVINGS			
	Emergency Fund			
	Retirement Fund (15%)			
	College Fund			
	Other			
	Other			
30-40%	HOUSING & UTILITIES			
	First Mortgage			
	Second Mortgage			
	Real Estate Taxes			
	Homeowners Ins.			
	Repairs or Mx. Fee			
	Replace Furniture			
	Other			
	Electric			
	Water			
	Gas/Propane			
	Phone (landline)			
	Trash			
	Cable			
	Cell Phones			
	Internet			
5-12%	*FOOD			
	*Grocery			
	*Restaurants			
Part 1	Other			

Monthly Expenses

Category Totals

Non-Monthly Expenses
 (Be sure to include the monthly average into the Monthly Expense cell)

2-5%

***CLOTHING**

- *Children
- *Adults
- *Cleaning/Laundry
- Other
- Other

10-17%

TRANSPORTATION

#DIV/0!

- Car Payment
- Car Payment
- Gas and Oil
- Repairs and Tags
- Car Insurance
- Car Replacement
- Car Replacement
- Other (boat, 4 wheeler, etc.)
- Other (rename as necessary)
- Other

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6-12%

MEDICAL/HEALTH

- Disability Insurance
- Health Insurance
- Doctor Bills
- Dentist
- Optometrist
- Drugs
- FSA/HSA
- Other
- Other

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6-20%

PERSONAL

- Life Insurance
- Child Care
- *Baby Sitter
- Toiletries
- Cosmetics
- Hair Care
- Education/Adult
- School Tuition
- School Supplies
- Child Support

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Part 2

