

Name	Date
Name	Date

SPENDING PLAN

FOR MONTH OF:			
MONTHLYINCOME	PLAN	ACTUAL	
Earned Income Unearned Income	\$ \$	\$\$ \$	
TOTAL INCOME	\$	\$	
MONTHLY EXPENSES			
Fixed Expenses Pay Yourself First Car Payment Car Insurance Other Other Total Fixed Expenses	\$ \$ \$ \$ \$	\$\$ \$\$ \$\$	
Variable Expenses			
Savings	\$	\$	
Gas	\$	\$	
Food	\$	\$	
Clothing	\$	\$	
Entertainment	\$	\$	
School Supplies	\$	\$	
Activities	\$	\$	
Charitable Giving Other	\$ \$	\$	
	·	Ψ	
Total Variable Expenses	\$	\$	
Total Expenses (Fixed + Variable Expenses) \$		\$	
Profit or Loss (Income – Total Expenses) \$ \$_		\$	
ADJUSTMENTS FOR NEXT MONTH:			