

Spending Plan

Month: _____

Year: _____

Monthly Income

Total

Paycheck 1	
Paycheck 2	
Other Income	
Total Monthly:	

Expenses

Fixed Expenses	Amount	Variable Expenses	Amount
Housing		Groceries	
Rent/Mortgage		Eating out	
Electricity		Gas	
Gas			
Internet			
Cable			
Cell Phone			
Total 1:		Total 2:	

Savings

Sinking Funds	Amount
Vacation	
Holidays	
Total 3:	

Savings	Amount
Emergency Fund	
Total 4:	

Totals

Income	
Total 1 + 2 + 3 + 4	-
Difference	