Monthly Cash Flow Plan

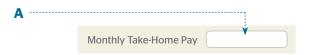
Cash flows in and out each month. Make sure you tell it where to go!

Yes, this budget form has a lot of lines and blanks.

But that's okay. We do that so we can list practically every expense imaginable on this form to prevent you from forgetting something. Don't expect to put something on every line. Just use the ones that are relevant to your specific situation.

Step 1

Enter your monthly take-home pay in the box at the top right (A). This is the amount you have for the month to budget. So far so good, huh?



Step 2

Within each main category, such as Food, there are subcategories, like Groceries. Start at the top and work your way down, filling out the Budgeted column (**B**) first. Add up each subcategory and put that number in the Total box (**C**).

Also, pay attention to Dave's recommended percentages (**D**). This will help you keep from budgeting too much for a category.



Step 3

Finally, enter your take-home pay in the top box at the end of the page (**E**), then add up all categories and place that total in the Category Totals box (**F**). Then subtract your Category Totals amount from your Take-Home Pay. You should have a zero balance (**G**). Doesn't that feel great?



Step 4

When the month ends, put what you actually spent in the Spent column (**H**). That will help you make any necessary adjustments to the next month's budget.



Monthly Cash Flow Plan Cash flows in and out each month. Make sure you tell it where to go!

		Monthly Take-Home Pay
	Add up budgeted column \$\frac{1}{3}\$ enter here	These icons represent good options for cash envelopes
• CHARITY	Spent Budgeted	♥ FOOD Spent Budgeted
Tithes Charity & Offerings		Groceries
	*10-15% TOTAL *	*5-15% TOTAL
 	Spent Budgeted	** CLOTHING Spent Budgeted
Emergency Fund Retirement Fund College Fund		 ✓ Adults ✓ Children ✓ Cleaning/Laundry
	*10-15% TOTAL	*2-7% TOTAL
★ HOUSING	Spent Budgeted	** TRANSPORTATION Spent Budgeted
First Mortgage/Rent Second Mortgage Real Estate Taxes Repairs/Maint. Association Dues		Gas & Oil Repairs & Tires License & Taxes Car Replacement Other
	*25-35% TOTAL	*10-15% TOTAL
☆ 。UTILITIES	Spent Budgeted	MEDICAL/HEALTH Spent Budgeted
Electricity Gas Water Trash Phone/Mobile Internet Cable		Medications
	*5-10% TOTAL	*5-10% TOTAL

	INSURANCE	Spent	Budgeted
	Life Insurance		
	Health Insurance		
	Homeowner/Renter		
	Auto Insurance		
	Disability Insurance		
	Identity Theft		
	Long-Term Care		
		*10-25%	TOTAL
	PERSONAL	Spent	Budgeted
	Child Care/Sitter		
M	Toiletries		
Ø	Cosmetics/Hair Care		
	Education/Tuition		
	Books/Supplies		
	Child Support		
	Alimony		
	Subscriptions		
	Organization Dues		
	Gifts (inc. Christmas)		
M	Replace Furniture		
	Pocket Money (His)		
	Pocket Money (Hers)		
	Baby Supplies		
	Pet Supplies		
	Music/Technology		
	Miscellaneous		
	Other		
	Other		
		*5-10%	TOTAL

₹ RECREATION	Spent Budgeted		
Vacation			
Vacation			
	*5-10% TOTAL		
DEBTS	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 2			
Student Loan 3			
Student Loan 4			
Other			
Your goal is 0%	* *5-10% TOTAL		
Once you have completed fill subtract all category totals fro			
e the "income sources"			
form if necessary	<u>★ TAKE-HOME PAY</u>		
Add up totals from each category	CATEGORY TOTALS		

Remember—
The goal of a zero-based budget is to get this number to zero