

SPENDING PLAN WORKSHEET

Month/Year:



Use this fillable worksheet to record your cash flow this month, then use the information to help you plan next month's cash flow. **Enter the letter "A" in every field for expenses paid by military allotments.**

INCOME

	MONTHLY (CURRENT)	MONTHLY (GOAL)
Service member's take-home pay (salary after taxes, benefits and other deductions)	\$	\$
Spouse's take-home pay (salary after taxes, benefits and other deductions)	\$	\$
Other income (child support, second job, etc., after taxes)	\$	\$
Total monthly take-home income	\$	\$

SAVING AND INVESTING

Savings	\$	\$
Investments (IRA, other investment accounts)	\$	\$
Total monthly savings and investing	\$	\$

HOUSING

Monthly mortgage and property taxes (enter "0" if renting)	\$	\$
Monthly rent payment (enter "0" if you only have a mortgage)	\$	\$
Renters insurance or homeowners insurance not included in mortgage	\$	\$
Utilities (electricity, gas, etc.)	\$	\$
Internet, cable and phones	\$	\$
Repairs/maintenance (1/12 of annual total, if you have a mortgage)	\$	\$
Other housing expenses (pest control, lawn service, etc.)	\$	\$
Total monthly housing	\$	\$

FOOD

Groceries and household supplies	\$	\$
Dining out	\$	\$
Other food expenses	\$	\$
Total monthly food	\$	\$

TRANSPORTATION

Auto/motorcycle loan payment(s)	\$	\$
Auto/motorcycle insurance	\$	\$
Auto/motorcycle fuel	\$	\$
Auto/motorcycle maintenance (1/12 of annual total)	\$	\$
Public transportation (Metro, bus, etc.) parking, tolls, ride sharing	\$	\$
Other transportation expenses	\$	\$
Total monthly transportation	\$	\$

HEALTH

Medicines and supplements	\$	\$
Health insurance deductibles/co-pays	\$	\$
Other health expenses (dental, glasses, contacts, etc.)	\$	\$
Total monthly health	\$	\$

PERSONAL AND FAMILY

	MONTHLY (CURRENT)	MONTHLY (GOAL)
Child care	\$	\$
Child and/or spousal support	\$	\$
Clothing and shoes	\$	\$
Laundry service/dry cleaning	\$	\$
Money given to family members	\$	\$
Entertainment (movies, streaming services, magazines, etc.)	\$	\$
Vacations	\$	\$
Pets	\$	\$
Memberships and subscriptions (not included in entertainment)	\$	\$
Other personal or family expenses	\$	\$
Total monthly personal and family	\$	\$

OTHER EXPENSES

Credit card debt payments	\$	\$
Student loan payments	\$	\$
Other loans (furniture stores, appliances, HVAC systems, etc.)	\$	\$
School costs (tuition, supplies, etc.)	\$	\$
Non-monthly expenses (HOA fees, civic associations, vehicle registration, if annual ÷ by 12)	\$	\$
Life insurance (monthly premiums paid for private policies)	\$	\$
Gifts and donations (estimated annual expenses ÷ 12)	\$	\$
Other expenses (bank, credit card, ATM and other fees)	\$	\$
Total monthly other expenses	\$	\$

TOTALS

Income	\$	\$
Savings and Investments	\$	\$
Monthly Expenses	\$	\$
Difference	\$	\$

If your income is more than your expenses, you have money left to save or spend. If your expenses are more than your income, look for expenses to reduce or cut.

Personal financial managers (PFMs) and personal financial counselors (PFCs) are available at your installation's Military and Family Support Center to help you achieve and maintain financial readiness at every step of your military journey through flexible, no-cost personal support services.

