

Use this worksheet to record your cash flow this month, then use the information to help you plan next month's cash flow.

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

TOTAL MONTHLY TAKE HOME INCOME

A

\$

\$

SAVING AND INVESTING*	MONTHLY (CURRENT)	MONTHLY (GOAL)
Savings	\$	\$
Investments (IRA, other investment accounts)	\$	\$

TOTAL MONTHLY SAVINGS AND INVESTING

B

\$

\$

HOUSING	MONTHLY (CURRENT)	MONTHLY (GOAL)
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	\$	\$
Other housing expenses (pest control, lawn service, etc.)	\$	\$

FOOD	MONTHLY (CURRENT)	MONTHLY (GOAL)
Groceries and household supplies	\$	\$
Dining out	\$	\$
Other food expenses	\$	\$

TRANSPORTATION	MONTHLY (CURRENT)	MONTHLY (GOAL)
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	\$	\$

* Contributions to the Thrift Savings Plan (TSP) and other employer-sponsored retirement plans are not included in this Spending Plan Worksheet.

HEALTH

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

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	\$	\$
Other personal or family expenses	\$	\$

OTHER EXPENSES

	MONTHLY (CURRENT)	MONTHLY (GOAL)
Credit card minimum payments	\$	\$
Student loan payments	\$	\$
Other loans (furniture stores, appliances, HVAC systems, etc.)	\$	\$
School costs (tuition, supplies, etc.)	\$	\$
Life insurance (monthly premiums paid for private policies)	\$	\$
Other expenses (bank, credit card, ATM, and other fees)	\$	\$

TOTAL MONTHLY EXPENSES

C

\$

\$

TOTALS

		MONTHLY (CURRENT)	MONTHLY (GOAL)
Income	A	\$	\$
Savings and Investments	- B	\$	\$
Monthly Expenses	- C	\$	\$
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.