



Handwritten Spending Plan Tracking

For the month of _____

Income	Estimated Monthly Amount	Actual Monthly Amount
Your Net Income (after taxes)		
Spouse's Net Inc (if applicable)		
Other Income		
Total Income		

Housing (<26%)		
Housing (mortgage, rent)		
HOA/Condo fees		
Renters Insurance (if applicable)		
Total Housing Expenses		

Utilities (5 to 10%)		
Electric, Gas, Water, Trash, Sewer		
Internet & Cable		
Home/Cell Phone		
Other (please specify)		
Total Utilities		

Savings(>10%)		
Charity/Giving/Tithing		
Savings		
Total Savings		

Transportation (<10%)		
Vehicle Debt		
Gas		
Auto Insurance		
Maintenance		
Public Transportation/EZ Pass		
Total Transportation		

Debt Expenses (<10%)		
Student loans		
Credit Card debt		
Debt owed to others		
Back taxes owed		
Other debt (please specify)		
Total Debt Expenses		

Variable Expenses	Estimated Monthly Amount	Actual Monthly Amount
Food (9-14%)		
Groceries		
Restaurants		
Lunches		
Other (i.e., coffee, drinks, etc.)		
<i>Total Food expenses</i>		
Everything Else (<20%)		
Doctor/Dentist		
Pharmacy		
Child care		
Personal Care (toiletries, hair care, etc.)		
Clothing/Shoes		
Gym		
Household		
Laundry & Dry cleaning		
Pet Care		
Travel		
Hobbies		
Gifts & allowances		
Movies & Music		
Entertainment		
Irregular Expenses		
Other (please specify)		
<i>Total Everything Else</i>		
Total Expenses		
Income - Expenses = Net Gain/Loss		