

Spending Plan Monitor Worksheet

The responsibility for meeting your money-related goals is yours. As with most important undertakings, this requires a commitment on your part. You need to be clear on what your saving, debt-reduction, and spending-redirection goals are and have a spending plan that directs where your dollars need to go, or away from, to increase the likelihood of you meeting your goals. Use this worksheet to help you meet the goals you set on your *Money-related Goals* worksheet.

Month: _____ Year: _____

Expenses: Monthly

Housing

	Planned	Actual
Mortgage / Rent payment	\$ _____	\$ _____
2 nd House / Rent payment	\$ _____	\$ _____
Household incidentals (supplies)	\$ _____	\$ _____
Lease payment (not mortgage)	\$ _____	\$ _____
Home Security	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____

Utilities

Telephone	\$ _____	\$ _____
Cellular phone	\$ _____	\$ _____
Water	\$ _____	\$ _____
Electric	\$ _____	\$ _____
Gas	\$ _____	\$ _____
DPW: Trash removal	\$ _____	\$ _____
Cable & Internet	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____

Loans and Lease Payments

Auto loan 1	\$ _____	\$ _____
Auto loan 2	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____

Transportation

Gasoline/fuel	\$ _____	\$ _____
Oil change	\$ _____	\$ _____
Car wash/detailing services	\$ _____	\$ _____
Parking	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____

Credit Cards

Credit card 1
Credit card 2
Credit card 3
Other: _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Food

Groceries
Coffee shops
Lunch at work
Lunch at school
Other: _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Clothing

Clothes, shoes, accessories
Dry cleaning

\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Personal Care

Hair: cuts / styling / coloring
Nail services
Other: _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Entertainment

Dining out
Parties (attending or hosting)
Movies, theatre, videos, concerts, etc.
Club dues (health, golf, etc.)
Other: _____
Other: _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Donations/Subscriptions

Religious organizations
Charities
Books, newspapers, magazines
Online subscriptions, etc.

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Subtotal:

\$ _____ \$ _____

Medical/health

Prescriptions
Over-the-counter medications
Medical supplies

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Unplanned (extraordinary)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Support		
Spousal support (paid out)	\$ _____	\$ _____
Child support (paid out)	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Children's Expenses		
Lessons, sports, camp, etc.	\$ _____	\$ _____
Daycare	\$ _____	\$ _____
Domestic help (babysitter, nanny, etc.)	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Total Monthly Expenses:	\$ _____	\$ _____

Expenses: Periodic¹

Planned

Actual

Housing

Property taxes	\$ _____	\$ _____
Property improvements/maintenance	\$ _____	\$ _____
Association dues	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Subtotal: \$ _____ \$ _____

Insurance

Homeowner's insurance premium	\$ _____	\$ _____
Life insurance premium	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Subtotal: \$ _____ \$ _____

Maintenance and Operating Expenses

Insurance: auto	\$ _____	\$ _____
Insurance: recreational vehicles	\$ _____	\$ _____
Registration: auto	\$ _____	\$ _____
Registration: recreational vehicles	\$ _____	\$ _____
Scheduled maintenance	\$ _____	\$ _____
Repairs	\$ _____	\$ _____

Other: _____ \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

Medical Expenses

Medical care/Doctor visits \$ _____ \$ _____

Dental care/Dentist visits \$ _____ \$ _____

Vision care \$ _____ \$ _____

Prescriptions \$ _____ \$ _____

Medical supplies \$ _____ \$ _____

Veterinary care \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

Miscellaneous

Education \$ _____ \$ _____

Professional development \$ _____ \$ _____

Gifts/holidays \$ _____ \$ _____

Vacations \$ _____ \$ _____

Estimated income taxes \$ _____ \$ _____

Other: _____ \$ _____ \$ _____

Subtotal: \$ _____ \$ _____

TI. Periodic Expenses as a Monthly Set-aside: \$ _____ \$ _____

¹Periodic expenses are typically incurred on a quarterly, semi-annual or annual basis. Other periodic expenses may occur on a less-regular basis. To calculate the monthly set-aside needed to cover the expense, take the actual or planned annual amount of the periodic expense and divide by 12. For example, \$1,000 annual insurance premium / 12 months = \$83.33 monthly set-aside.

Spending Plan Summary

Month: _____ Year: _____

Goal	Planned	Actual
Saving	\$ _____	\$ _____
Debt Reduction	\$ _____	\$ _____
Sending Redirection	\$ _____	\$ _____

✓ Money-related Goals Met During the Month

Goal: _____

Goal: _____

Goal: _____