

MONEY MANAGEMENT PLAN



Name: _____ Advisor: _____ Year: _____

A. NET MONTHLY INCOME (AFTER TAXES AND DEDUCTIONS)

	Monthly amount	Job description
Income #1		
Income #2		
Other		
TOTAL (A)		

B. FIXED EXPENSES

MONTH:

MONTH:

Expense type	Spending goal	Actually spent	Spending goal	Actually spent
Savings				
Shelter (Rent/mortgage)				
Car payment				
Student loan				
Child care or babysitting				
Child support				
Club/union dues				
Other				
Other				
TOTAL (B)				

C. FLEXIBLE EXPENSES

MONTH:

MONTH:

Expense type	Spending goal	Actually spent	Spending goal	Actually spent
Gas utility expense				
Electric utility expense				
Water and sewer expense				
Telephone/cell phone				
Groceries				
Lunch (work)				
Lunch (school)				
Eating out				
Cigarettes and alcohol				
Cable television/internet				
Newspaper/magazine				
Lottery/Bingo				
Other entertainment				
Barber/beauty shop				

C. FLEXIBLE EXPENSES (CONT'D)

Expense type	Spending goal	Actually spent	Spending goal	Actually spent
Personal items/toiletries				
Clothing				
Laundry/dry cleaning				
Gas/bus				
Allowance for children				
Church/charity				
Tuition/books				
Credit card				
Credit card				
Credit card				
Pet supplies/care				
Medical/dental co-pays				
Medications				
Other				
Other				
TOTAL (C)				

D. PERIODIC EXPENSES (AMOUNT TO BE SET ASIDE MONTHLY).

OCCURS QUARTERLY/BI-MONTHLY/ANNUALLY

MONTH:

MONTH:

Expense type	Spending goal	Actually spent	Spending goal	Actually spent
Car insurance				
License plates				
Health insurance				
Life insurance				
Renter's/homeowner's insurance				
House maintenance				
Car maintenance (oil, tires, etc.)				
Holiday gifts (Christmas, birthdays, anniversaries, graduation)				
Other				
Other				
TOTAL (D)				

MONTH:

MONTH:

TOTALS	Spending goal	Actually spent	Spending goal	Actually spent
Total net income (A)				
Total expenses (B+C)				
Amount remaining (subtract total expenses from total net income)				