

Monthly Cash Flow Worksheet

Total Income \$

<b>FOOD</b>	<u>Spent</u>
Groceries	
Restaurants	
Total:	

<b>MEDICAL</b>	<u>Spent</u>
Medications	
Doctor Bills	
Dentist	
Optometrist	
Vitamins/supplements	
Total:	

<b>CLOTHING</b>	<u>Spent</u>
Adults	
Children	
Laundry	
Total:	

<b>INSURANCE</b>	<u>Spent</u>
Auto	
Life	
Health	
Homeowners	
Disability	
Long-Term Care	
Total:	

<b>SAVING</b>	<u>Spent</u>
Emergency	
College	
Retirement	
Travel/Misc.	
Total:	

<b>PERSONAL</b>	<u>Spent</u>
Child Care	
Toiletries	
Cosmetics	
Books	
Gifts	
Pet Supplies	
Music/Tech	
Subscriptions	
Personal Care	
Misc.	
Total:	

<b>HOUSING</b>	<u>Spent</u>
Rent/Mortgage	
HOA fees	
Repairs/Maintenance	
Taxes	
Totals:	

<b>TRANSPORTATION</b>	<u>Spent</u>
Car Payment	
Repairs	
Gas	
Taxes	
Total:	

<b>DEBTS</b>	<u>Spent</u>
Student Loans	
Credit Card	
Other	
Other	
Total:	

<b>UTILITIES</b>	<u>Spent</u>
Electricity	
Heat	
Water	
Trash	
Phone	
Internet	
Cable	
Total:	

Total of all Categories:	\$
Monthly Income:	\$
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Total of all Categories:	\$
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\$ Monthly Cash Flow