Monthly Cash Flow Plan

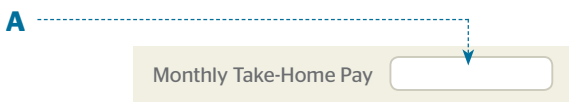
Cash flows in and out each month. Make sure you tell it where to go!

Yes, this budget form has a lot of lines and blanks.

But that's okay. We do that so we can list practically every expense imaginable on this form to prevent you from forgetting something. Don't expect to put something on every line. Just use the ones that are relevant to your specific situation.

Step 1

Enter your monthly take-home pay in the box at the top right (**A**). This is the amount you have for the month to budget. So far so good, huh?



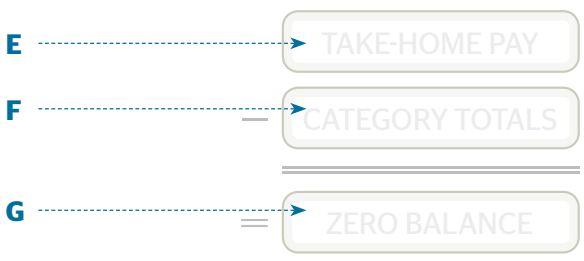
Step 2

Within each main category, such as Food, there are subcategories, like Groceries. Start at the top and work your way down, filling out the Budgeted column (**B**) first. Add up each subcategory and put that number in the Total box (**C**).

Also, pay attention to Dave's recommended percentages (**D**). This will help you keep from budgeting too much for a category.

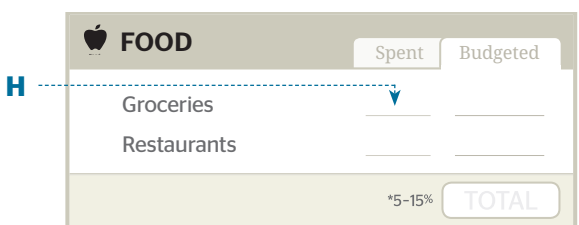
Step 3

Finally, enter your take-home pay in the top box at the end of the page (**E**), then add up all categories and place that total in the Category Totals box (**F**). Then subtract your Category Totals amount from your Take-Home Pay. You should have a zero balance (**G**). Doesn't that feel great?



Step 4

When the month ends, put what you actually spent in the Spent column (**H**). That will help you make any necessary adjustments to the next month's budget.



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Monthly Take-Home Pay _____

Add up budgeted column & enter here

These icons represent good options for cash envelopes

CHARITY

	Spent	Budgeted
Tithes		
Charity & Offerings		

*10-15% TOTAL

SAVING

	Spent	Budgeted
Emergency Fund		
Retirement Fund		
College Fund		

*10-15% TOTAL

HOUSING

	Spent	Budgeted
First Mortgage/Rent		
Second Mortgage		
Real Estate Taxes		
Repairs/Maint.		
Association Dues		

*25-35% TOTAL

UTILITIES

	Spent	Budgeted
Electricity		
Gas		
Water		
Trash		
Phone/Mobile		
Internet		
Cable		

*5-10% TOTAL

FOOD

	Spent	Budgeted
Groceries		
Restaurants		

*5-15% TOTAL

CLOTHING

	Spent	Budgeted
Adults		
Children		
Cleaning/Laundry		

*2-7% TOTAL

TRANSPORTATION

	Spent	Budgeted
Gas & Oil		
Repairs & Tires		
License & Taxes		
Car Replacement		
Other _____		

*10-15% TOTAL

MEDICAL/HEALTH

	Spent	Budgeted
Medications		
Doctor Bills		
Dentist		
Optometrist		
Vitamins		
Other _____		
Other _____		

*5-10% TOTAL

*Dave's Recommended Percentages

INSURANCE

	Spent	Budgeted
Life Insurance		
Health Insurance		
Homeowner/Renter		
Auto Insurance		
Disability Insurance		
Identity Theft		
Long-Term Care		
*10-25% TOTAL		

PERSONAL

	Spent	Budgeted
Child Care/Sitter		
Toiletries		
Cosmetics/Hair Care		
Education/Tuition		
Books/Supplies		
Child Support		
Alimony		
Subscriptions		
Organization Dues		
Gifts (inc. Christmas)		
Replace Furniture		
Pocket Money (His)		
Pocket Money (Hers)		
Baby Supplies		
Pet Supplies		
Music/Technology		
Miscellaneous		
Other _____		
Other _____		
*5-10% TOTAL		

RECREATION

	Spent	Budgeted
Entertainment		
Vacation		
*5-10% TOTAL		

DEBTS

	Spent	Budgeted
Car Payment 1		
Car Payment 2		
Credit Card 1 _____		
Credit Card 2 _____		
Credit Card 3 _____		
Credit Card 4 _____		
Credit Card 5 _____		
Student Loan 1		
Student Loan 2		
Student Loan 3		
Student Loan 4		
Other _____		
Other _____		
Other _____		
Other _____		
Other _____		
Your goal is 0% *5-10% TOTAL		

Once you have completed filling out each category, subtract all category totals from your take-home pay.

Use the "income sources" form if necessary → TAKE-HOME PAY

Add up totals from each category → − CATEGORY TOTALS

Remember— The goal of a zero-based budget is to get this number to zero → = ZERO BALANCE