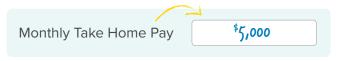
DIRECTIONS FOR MONTHLY CASH FLOW Plan

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.

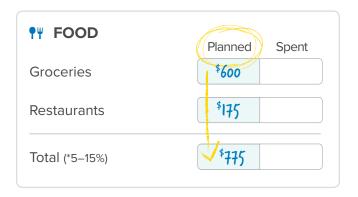
1 LIST YOUR MONTHLY TAKE-HOME PAY.

This is the amount you have to budget for the month—so far so good, huh?



2 START AT THE TOP AND WORK DOWN.

Within each main category, such as Food, there are subcategories, like Groceries. Start at the top and work your way down, filling out the Planned column first. Add up each subcategory and put that number in the Total box. Also, pay attention to Dave's recommended percentages. This will help keep you from budgeting too much for a category.



DO THE MATH FOR A ZERO BALANCE.

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



4 LIST WHAT YOU ACTUALLY SPENT.

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



MONTHLY CASH FLOW PLAN

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

Add up Planned column and enter here.	Monthly Take-Home Pay		
GIVING Church Charity	Planned Spent	↑♥ FOOD Groceries Restaurants	Planned Spent
Total (*10–15%)		Total (*5–15%)	
SAVINGS Emergency Fund	Planned Spent	TRANSPORTATION Gas	Planned Spent
Total (*10–15%)		Maintenance	
♠ HOUSING	Planned Spent	Total (*10–15%)	
Mortgage/Rent		* PERSONAL	Planned Spent
Water		Clothing	
Natural Gas		Phone	
Electricity		Fun Money	
Cable/Internet		Hair/Cosmetics	
Other		Other	
Total (*25–35%)		Total (*5–10%)	

LIFESTYLE	Planned	Spent
Child Care		
Pet Care		
Entertainment		
Vacation		
Education/Tuition		
Other		
Total (*5–10%)		

• HEALTH		
	Planned	Spent
Gym		
Medicine/Vitamins		
Doctor Visits		
Total (*5–10%)		

♠ INSURANCE	Planned	Spent
Health Insurance		
Life Insurance		
Auto Insurance		
Homeowner/Renter		
Other		
Total (*10–25%)		

■ DEBT	Planned	Spent
Car Payment		
Credit Card 1		
Credit Card 2		
Credit Card 3		
Student Loan		
Medical Bill		
Personal Loan		
Other		
Other		
Other		
Total (*5–10%)		
Your goal is 0%.		

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

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Use the Irregular Income form if necessary.	TAKE-HOME PAY	
Add up totals from each category.	CATEGORY TOTALS	
Remember— the goal is to get this — number to zero!	ZERO BALANCE	