

MONTHLY SPENDING PLAN

Month _____

Year _____

CATEGORY	Income	Tithe/Giving	Taxes	Housing	Food	Transporation	Insurance
Allocated Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
DATE							
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							
11th							
12th							
13th							
14th							
15th							
This Month Subtotal	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
16th							
17th							
18th							
19th							
20th							
21st							
22nd							
23rd							
24th							
25th							
26th							
27th							
28th							
29th							
30th							
31st							
This Month Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
This Month Surplus/Deficit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Spending Plan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Surplus/Deficit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Plan Summary	This Month	Total Income	\$ _____	+	Previous Month/Year to Date	Total Income	\$ _____	=	Year to Date	Total Income	\$ _____
	Minus Total Expenses	\$ _____	Minus Total Expenses		\$ _____	Minus Total Expenses	\$ _____				
	Equals Surplus/Deficit	\$ _____	Equals Surplus/Deficit		\$ _____	Equals Surplus/Deficit	\$ _____				

