

Month	

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	\$	\$	\$	\$	\$	\$	\$

This Month

Plan

Summary

Total Income

Minus Total Expenses \$_____ Equals Surplus/Deficit \$ _____

Previous Month/Year to Date

Total Income Minus Total Expenses \$_____ Equals Surplus/Deficit \$_____

Year to Date

Total Income Minus Total Expenses \$_____ Equals Surplus/Deficit \$_____



Month	
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CATEGORY	Debts	Entertainment/ Recreation	Clothing	Savings	Medical/ Dental	Miscellaneous	Investments	School/ Child Care
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	\$	\$	\$	\$	\$	\$	\$	\$