

MONTHLY CASH FLOW PLAN

Get your monthly bills together as a reference and decide what you are going to spend under the categories listed. Add up each category and write in your totals. When you're done with your budget, your total income minus your total expenses should always equal zero. If it doesn't, you'll need to look at each category and make adjustments.

Now that you have a plan, stick to it. Take out cash for things you are likely to purchase impulsively like food, clothes and entertainment. We've written a full example to give you an idea of what a monthly budget could look like. For more resources on how to achieve financial freedom, visit www.thehills.org/financial-freedom.



MONTHLY CASH FLOW PLAN

MONTHLY TAKE-HOME PAY

4,000

CHARITY	Spent	Budgeted
Tithes	_____	400
Charity & Offerings	_____	_____
		400

FOOD	Spent	Budgeted
Groceries <input checked="" type="checkbox"/>	_____	600
Restaurants <input checked="" type="checkbox"/>	_____	150
		750

SAVING	Spent	Budgeted
Emergency Fund	_____	150
Retirement Fund	_____	_____
College Fund	_____	100
		250

CLOTHING	Spent	Budgeted
Adults <input checked="" type="checkbox"/>	_____	80
Children <input checked="" type="checkbox"/>	_____	80
Cleaning/Laundry <input checked="" type="checkbox"/>	_____	_____
		160

HOUSING	Spent	Budgeted
First Mortgage/Rent	_____	900
Second Mortgage	_____	_____
Real Estate Taxes	_____	_____
Repairs/Maint.	_____	60
Association Dues	_____	_____
		960

TRANSPORTATION	Spent	Budgeted
Gas & Oil <input checked="" type="checkbox"/>	_____	200
Repairs & Tires	_____	50
License & Taxes	_____	20
Car Replacement	_____	_____
Other _____	_____	_____
		270

UTILITIES	Spent	Budgeted
Electricity	_____	125
Gas	_____	_____
Water	_____	60
Trash	_____	_____
Phone/Mobile	_____	100
Internet	_____	60
Cable	_____	_____
		345

MEDICAL/HEALTH	Spent	Budgeted
Medications	_____	20
Doctor Bills	_____	30
Dentist	_____	35
Optometrist	_____	_____
Vitamins	_____	_____
Other _____	_____	_____
Other _____	_____	_____
		85

INSURANCE	Spent	Budgeted
Life Insurance	-----	50
Health Insurance	-----	
Homeowners/Renter	-----	
Auto Insurance	-----	110
Disability Insurance	-----	
Identity Theft	-----	
Long-term Care	-----	
		160

RECREATION	Spent	Budgeted
Entertainment <input checked="" type="checkbox"/>	-----	60
Vacation	-----	100
		160

PERSONAL	Spent	Budgeted
Childcare/Sitter <input checked="" type="checkbox"/>	-----	40
Toiletries <input checked="" type="checkbox"/>	-----	25
Cosmetics/Hair Care <input checked="" type="checkbox"/>	-----	
Education/Tuition	-----	50
Books/Supplies	-----	
Child Support	-----	
Alimony	-----	
Subscriptions	-----	
Organization Dues	-----	
Gifts (incl. Christmas)	-----	30
Replace Furniture	-----	
Pocket Money (His) <input checked="" type="checkbox"/>	-----	40
Pocket Money (Hers) <input checked="" type="checkbox"/>	-----	40
Baby Supplies	-----	
Pet Supplies	-----	35
Music/Technology	-----	
Miscellaneous	-----	
Maid	-----	
Allowance	-----	
		260

DEBTS	Spent	Budgeted
Car Payment 1	-----	
Car Payment 2	-----	
Credit Card _____	-----	
Credit Card _____	-----	80
Credit Card _____	-----	
Credit Card _____	-----	
Credit Card _____	-----	
Student Loan #1	-----	120
Student Loan #2	-----	
Other _____	-----	
Other _____	-----	
Other _____	-----	
Other _____	-----	
Other _____	-----	
		200

MONTHLY TAKE-HOME PAY	4,000
MONTHLY BUDGET -	4,000
	0

MONTHLY CASH FLOW PLAN

MONTHLY TAKE-HOME PAY

CHARITY	Spent	Budgeted
Tithes	-----	-----
Charity & Offerings	-----	-----

FOOD	Spent	Budgeted
Groceries <input type="checkbox"/>	-----	-----
Restaurants <input type="checkbox"/>	-----	-----

SAVING	Spent	Budgeted
Emergency Fund	-----	-----
Retirement Fund	-----	-----
College Fund	-----	-----

CLOTHING	Spent	Budgeted
Adults <input type="checkbox"/>	-----	-----
Children <input type="checkbox"/>	-----	-----
Cleaning/Laundry <input type="checkbox"/>	-----	-----

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

TRANSPORTATION	Spent	Budgeted
Gas & Oil <input type="checkbox"/>	-----	-----
Repairs & Tires	-----	-----
License & Taxes	-----	-----
Car Replacement	-----	-----
Other _____	-----	-----

UTILITIES	Spent	Budgeted
Electricity	-----	-----
Gas	-----	-----
Water	-----	-----
Trash	-----	-----
Phone/Mobile	-----	-----
Internet	-----	-----
Cable	-----	-----

MEDICAL/HEALTH	Spent	Budgeted
Medications	-----	-----
Doctor Bills	-----	-----
Dentist	-----	-----
Optometrist	-----	-----
Vitamins	-----	-----
Other _____	-----	-----
Other _____	-----	-----

