

Allocated Spending Plan (Instructions)

Now that you've already planned out the entire month on the "Monthly Cash Flow Plan" (Form 5), let's get just a little bit more precise. On this form, you will allocate—or spend—all of your money from each individual pay period.

There are four columns on this form, representing the four weeks in a given month. You will use one column for each week you get paid. If you are married and your spouse earns an income, then you will both use this same form. For weeks in which you both receive a paycheck, simply add those two incomes together and use a single column. Be sure to write the pay date at the top of the column.

Now, go down the list and allocate each expense to a specific payday, using your bills' due dates as a guide. For example, if your phone bill is due on the 22nd and you get paid on the 15th and 30th, then you know that you would probably pay that bill from your income on the 15th. Some things, like utility bills, will be paid monthly, while other items, such as food and gasoline, could be weekly. The point here is to anticipate both your upcoming expenses and your upcoming income and plan accordingly.

Beside each line item, you'll see two blanks separated by a slash (/). Put the expense to the left of the slash and the remaining income from that pay period to the right of the slash. As you work your way down the column, the income remaining should diminish until you reach a perfect zero at the bottom of the list. If you have money left over at the end of the column, go back and adjust an area, such as savings or giving, so that you spend every single dollar.

This level of detail may be uncomfortable to you at first, but the payoff is worth it. By specifically "naming" every dollar before you actually get it in your hands, you will remove an incredible amount of stress and curb your overspending.

NOTES:

- If you have an irregular income, such as self-employment or commissions, you should use the "Irregular Income Planning" sheet (Form 8) instead of this "Allocated Spending Plan."
- If you know that you have an impulse spending problem, then you may want to allocate more money to the "Blow" category. That way, you are at least planning for it and setting up some boundaries for yourself.
- An asterisk (*) beside an item indicates an area for which you should use the envelope system.

Allocated Spending Plan (Form 7)

PAY PERIOD: ___ / ___ ___ / ___ ___ / ___ ___ / ___

ITEM:
INCOME ___ / ___ ___ / ___ ___ / ___ ___ / ___

CHARITABLE ___ / ___ ___ / ___ ___ / ___ ___ / ___

SAVING
 Emergency Fund ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Retirement Fund ___ / ___ ___ / ___ ___ / ___ ___ / ___
 College Fund ___ / ___ ___ / ___ ___ / ___ ___ / ___

HOUSING
 First Mortgage ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Second Mortgage ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Real Estate Taxes ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Homeowner's Ins. ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Repairs or Mn. Fees ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Replace Furniture ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Other _____ ___ / ___ ___ / ___ ___ / ___ ___ / ___

UTILITIES
 Electricity ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Water ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Gas ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Phone ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Trash ___ / ___ ___ / ___ ___ / ___ ___ / ___
 Cable ___ / ___ ___ / ___ ___ / ___ ___ / ___

*FOOD
 *Grocery ___ / ___ ___ / ___ ___ / ___ ___ / ___
 *Restaurants ___ / ___ ___ / ___ ___ / ___ ___ / ___

Allocated Spending Plan (Form 7 – continued)

TRANSPORTATION

Car Payment	___/___	___/___	___/___	___/___
Car Payment	___/___	___/___	___/___	___/___
*Gas and Oil	___/___	___/___	___/___	___/___
*Repairs and Tires	___/___	___/___	___/___	___/___
Car Insurance	___/___	___/___	___/___	___/___
License and Taxes	___/___	___/___	___/___	___/___
Car Replacement	___/___	___/___	___/___	___/___

*CLOTHING

*Children	___/___	___/___	___/___	___/___
*Adults	___/___	___/___	___/___	___/___
*Cleaning/Laundry	___/___	___/___	___/___	___/___

MEDICAL/HEALTH

Disability Insurance	___/___	___/___	___/___	___/___
Health Insurance	___/___	___/___	___/___	___/___
Doctor	___/___	___/___	___/___	___/___
Dentist	___/___	___/___	___/___	___/___
Optometrist	___/___	___/___	___/___	___/___
Medications	___/___	___/___	___/___	___/___

PERSONAL

Life Insurance	___/___	___/___	___/___	___/___
Child Care	___/___	___/___	___/___	___/___
*Baby Sitter	___/___	___/___	___/___	___/___
*Toiletries	___/___	___/___	___/___	___/___
*Cosmetics	___/___	___/___	___/___	___/___
*Hair Care	___/___	___/___	___/___	___/___
Education/Adult	___/___	___/___	___/___	___/___
School Tuition	___/___	___/___	___/___	___/___
School Supplies	___/___	___/___	___/___	___/___
Child Support	___/___	___/___	___/___	___/___

Allocated Spending Plan (Form 7 – continued)

Alimony	___/___	___/___	___/___	___/___
Subscriptions	___/___	___/___	___/___	___/___
Organization Dues	___/___	___/___	___/___	___/___
Gifts (including Christmas)	___/___	___/___	___/___	___/___
Miscellaneous	___/___	___/___	___/___	___/___
*BLOW \$\$	___/___	___/___	___/___	___/___
RECREATION				
*Entertainment	___/___	___/___	___/___	___/___
Vacation	___/___	___/___	___/___	___/___
DEBTS (Hopefully -0-)				
Visa 1	___/___	___/___	___/___	___/___
Visa 2	___/___	___/___	___/___	___/___
MasterCard 1	___/___	___/___	___/___	___/___
MasterCard 2	___/___	___/___	___/___	___/___
American Express	___/___	___/___	___/___	___/___
Discover Card	___/___	___/___	___/___	___/___
Gas Card 1	___/___	___/___	___/___	___/___
Gas Card 2	___/___	___/___	___/___	___/___
Dept. Store Card 1	___/___	___/___	___/___	___/___
Dept. Store Card 2	___/___	___/___	___/___	___/___
Finance Co. 1	___/___	___/___	___/___	___/___
Finance Co. 2	___/___	___/___	___/___	___/___
Credit Line	___/___	___/___	___/___	___/___
Student Loan 1	___/___	___/___	___/___	___/___
Student Loan 2	___/___	___/___	___/___	___/___
Other _____	___/___	___/___	___/___	___/___
Other _____	___/___	___/___	___/___	___/___