

Allocated Spending Plan

Instructions

This sheet is where all your work thus far comes together! There are four columns to distribute as many as four different incomes within one month. Each column is one pay period. If you are a one-income household and you get paid two times per month then you will only use two columns. If both of you work and one is paid weekly and the other every two weeks, add the two paychecks together on the weeks you both get a paycheck, while listing only the one paycheck on the other two. Date the pay period columns then enter the income for that period. As you allocate your paycheck to an item, put the remaining balance to the right of the slash. Income for period 3-1 in our example is \$1,000 and we are allocating \$100 to Charitable Giving leaving \$900 to the right of the slash in that same column. Some bills will come out of each pay period and some only on selected pay periods. As an example, you may take "Car Gas" out of every paycheck, but pay the electric bill from period 2. You already pay some bills or payments out of designated checks, only now you pay all things from designated checks. If you find that your bills are "out of balance" with your paychecks, then work with your creditor to change their billing cycle so it aligns more with your pay.

The whole point to this sheet, which is the culmination of all your monthly planning, is to allocate or "spend" your whole paycheck before you paid. It doesn't matter where you allocate your money, but allocate all of it before you get your check. Now all the tense, crisis-like symptoms have been removed because you planned. No more management by crisis or impulse.

The last blank that you make an entry in should have a 0 to the right of the slash, showing you have allocated your whole check.

*** Beside an item means you should use the envelope system.**

NOTE: Emergency Funds should get ALL the savings until 3-6 months of expenses have been saved.

SAMPLE ALLOCATED SPENDING PLAN

PAY PERIOD:	<u>3-1</u>	_____	_____	_____
<u>ITEM</u>				
INCOME	<u>\$1000</u>	_____	_____	_____
CHARITABLE GIFTS	<u>100/900</u>	___/___	___/___	___/___
SAVING				
Emergency Fund(1)	<u>50/850</u>	___/___	___/___	___/___
Retirement Fund	___/___	___/___	___/___	___/___
College Fund	___/___	___/___	___/___	___/___
HOUSING				
First Mortgage	<u>725/125</u>	___/___	___/___	___/___

ALLOCATED SPENDING PLAN

PAY PERIOD: _____

ITEM _____

INCOME _____

CHARITABLE _____ / _____ / _____ / _____

SAVING _____

Emergency Fund _____ / _____ / _____ / _____

_____ / _____

Retirement Fund _____ / _____ / _____ / _____

College Fund _____ / _____ / _____ / _____

HOUSING _____

First Mortgage _____ / _____ / _____ / _____

Second Mortgage _____ / _____ / _____ / _____

Real Estate Taxes _____ / _____ / _____ / _____

Homeowners Ins. _____ / _____ / _____ / _____

Repairs or Mn. Fees _____ / _____ / _____ / _____

HOA _____ / _____ / _____ / _____

Timeshare _____ / _____ / _____ / _____

Other _____ / _____ / _____ / _____

UTILITIES _____

Electricity _____ / _____ / _____ / _____

Water _____ / _____ / _____ / _____

Gas _____ / _____ / _____ / _____

Phone _____ / _____ / _____ / _____

Trash _____ / _____ / _____ / _____

Cable/Dish _____ / _____ / _____ / _____

Internet _____ / _____ / _____ / _____

Cellular _____ / _____ / _____ / _____

***FOOD** _____

***Grocery** _____ / _____ / _____ / _____

***Eating Out** _____ / _____ / _____ / _____

Nutritionals _____ / _____ / _____ / _____

TRANSPORTATION _____

Car Payment _____ / _____ / _____ / _____

<i>Car Payment</i>	___/___	___/___	___/___	___/___
<i>*Fuel</i>	___/___	___/___	___/___	___/___
<i>*Oil, Repairs, Tires</i>	___/___	___/___	___/___	___/___
<i>Car Insurance</i>	___/___	___/___	___/___	___/___
<i>Registration & Tags</i>	___/___	___/___	___/___	___/___
<i>Car Replacement</i>	___/___	___/___	___/___	___/___
*CLOTHING				
<i>*Children</i>	___/___	___/___	___/___	___/___
<i>*Adults</i>	___/___	___/___	___/___	___/___
<i>*Cleaning/Laundry</i>	___/___	___/___	___/___	___/___
MEDICAL/HEALTH				
<i>Disability Insurance</i>	___/___	___/___	___/___	___/___
<i>Health Insurance</i>	___/___	___/___	___/___	___/___
<i>Doctor Visits</i>	___/___	___/___	___/___	___/___
<i>Dental / Vision</i>	___/___	___/___	___/___	___/___
<i>Prescriptions</i>	___/___	___/___	___/___	___/___
PERSONAL				
<i>Life Insurance</i>	___/___	___/___	___/___	___/___
<i>Long Term Care</i>	___/___	___/___	___/___	___/___
<i>Child Care</i>	___/___	___/___	___/___	___/___
<i>*Baby Sitter</i>	___/___	___/___	___/___	___/___
<i>Kid's Activities</i>	___/___	___/___	___/___	___/___
<i>*Cosmetics</i>	___/___	___/___	___/___	___/___
<i>*Hair Care</i>	___/___	___/___	___/___	___/___
<i>Pet Care</i>	___/___	___/___	___/___	___/___
<i>Education/Adult</i>	___/___	___/___	___/___	___/___
<i>School Tuition</i>	___/___	___/___	___/___	___/___
<i>School Supplies</i>	___/___	___/___	___/___	___/___
<i>Child Support</i>	___/___	___/___	___/___	___/___
<i>Alimony</i>	___/___	___/___	___/___	___/___
<i>Subscriptions</i>	___/___	___/___	___/___	___/___
<i>Organization Dues</i>	___/___	___/___	___/___	___/___
<i>*Gifts (inc.Christmas)</i>	___/___	___/___	___/___	___/___
<i>Miscellaneous</i>	___/___	___/___	___/___	___/___
<i>*BLOW \$\$</i>	___/___	___/___	___/___	___/___
RECREATION				
<i>*Entertainment</i>	___/___	___/___	___/___	___/___
<i>Vacation</i>	___/___	___/___	___/___	___/___
DEBTS (Eventually = \$0!)				
<i>Visa 1</i>	___/___	___/___	___/___	___/___

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	____/____	____/____	____/____	____/____
Medical	____/____	____/____	____/____	____/____
Personal Loan	____/____	____/____	____/____	____/____
Other _____	____/____	____/____	____/____	____/____
Other _____	____/____	____/____	____/____	____/____
Other _____	____/____	____/____	____/____	____/____