



SPENDING PLAN

Client's Name: _____

Monthly Income Breakdown (circle one) Weekly Monthly Bi-monthly Total: \$ _____

Cash Envelopes			Checking Account				PUT AND TAKE SAVINGS		
Food									
Lunches									
Gas									
Laundry									
Toiletries/paper/ Cleaning products									
Allowance									
Entertainment/Sitters									
TOTAL									

Cash Breakdown		
50's		
20's		
10's		
5's		
1's		

TOTAL		TOTAL		TOTAL	
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