Monthly Cash Flow Plan

Cash flows in and out each month. Make sure you tell it where to go!

Yes, this budget form has a lot of lines and blanks.

But that's okay. We do that so we can list practically every expense imaginable on this form to prevent you from forgetting something. Don't expect to put something on every line. Just use the ones that are relevant to your specific situation.

Step 1

Enter your monthly take-home pay in the box at the top right (**A**). This is the amount you have for the month to budget. So far so good, huh?

Step 2

Within each main category, such as Food, there are subcategories, like Groceries. Start at the top and work your way down, filling out the Budgeted column (**B**) first. Add up each subcategory and put that number in the Total box (**C**).

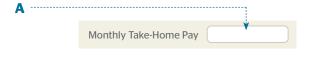
Also, pay attention to Dave's recommended percentages (**D**). This will help you keep from budgeting too much for a category.

Step 3

Finally, enter your take-home pay in the top box at the end of the page (**E**), then add up all categories and place that total in the Category Totals box (**F**). Then subtract your Category Totals amount from your Take-Home Pay. You should have a zero balance (**G**). Doesn't that feel great?

Step 4

When the month ends, put what you actually spent in the Spent column (**H**). That will help you make any necessary adjustments to the next month's budget.









Monthly Cash Flow Plan Cash flows in and out each month. Make sure you tell it where to go!

		Monthly Take-Home Pay
	Add up budgeted column \$ enter here	These icons represent good options for cash envelopes
• CHARITY	Spent 🔺 Budgeted	FOOD Spent Budgeted
Tithes		Groceries
Charity & Offerings	/	Restaurants
	*10-15% TOTAL	*5-15% TOTAL
🖝 SAVING	Spent Budgeted	The second secon
Emergency Fund		Adults
Retirement Fund		🖂 Children
College Fund		Cleaning/Laundry
	*10-15% TOTAL	*2-7% TOTAL
	Spent Budgeted	TRANSPORTATION Spent Budgeted
First Mortgage/Rent		Gas & Oil
Second Mortgage		📨 Repairs & Tires
Real Estate Taxes		License & Taxes
Repairs/Maint.		Car Replacement
Association Dues		Other
	*25-35% TOTAL	*10-15% TOTAL
✿, UTILITIES	Spent Budgeted	MEDICAL/HEALTH Spent Budgeted
Electricity		Medications
Gas		Doctor Bills
Water		Dentist
Trash		Optometrist
Phone/Mobile		Vitamins
Internet		Other
Cable		Other
	*5-10% TOTAL	*5-10% TOTAL *Dave's Recommended Percentage

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Life Insurance Health Insurance Homeowner/Renter Auto Insurance Disability Insurance Identity Theft Long-Term Care	
Homeowner/Renter Auto Insurance Disability Insurance Identity Theft Long-Term Care	
Auto Insurance Disability Insurance Identity Theft Long-Term Care	
Disability Insurance Identity Theft Long-Term Care	
Identity Theft Long-Term Care	
Long-Term Care	
-	
*10-25%	
	AL
PERSONAL Spent Budge	ted
🔗 Child Care/Sitter	
✓ Toiletries	
🔗 Cosmetics/Hair Care	
Education/Tuition	
Books/Supplies	
Child Support	
Alimony	
Subscriptions	
Organization Dues	
Gifts (inc. Christmas)	
🔗 Replace Furniture	
Pocket Money (His)	
Pocket Money (Hers)	
Baby Supplies	
Pet Supplies	
Music/Technology	
Miscellaneous	
Other	
Other	
*5-10% TOT	

ጽ	RECREATION	Spent	Budgeted
Ø	Entertainment Vacation		
		*5-10%	TOTAL
R	DEBTS	Spent	Budgeted
	Car Payment 1 Car Payment 2 Credit Card 1 Credit Card 2 Credit Card 3 Credit Card 4 Credit Card 5 Student Loan 1 Student Loan 2 Student Loan 3 Student Loan 4 Other Other Other Other		
	Your goal is 0%	*5-10%	TOTAL

Once you have completed filling out each category, subtract all category totals from your take-home pay.

Use the "income sources" form if necessary	▲ TAKE-HOME PAY
Add up totals from each category	- CATEGORY TOTALS
Remember — The goal of a zero-based budget is to get this number to zero	ZERO BALANCE