5 Lessons

CASH FLOW SHEET

Cash Flow For _____
Date

INCOME	Planned	Actual
Salary One (After Taxes)	$_____	$_____
Salary Two (After Taxes)	$_____	$_____
Other Income	$_____	$_____
Total Income	$_____	$_____

EXPENDITURES

Charitable Donations	$_____	$_____
Nest Egg *(min. 10% of total income)*	$_____	$_____
Mortgage or Rent	$_____	$_____
Food	$_____	$_____
Utilities	$_____	$_____
Auto Payments	$_____	$_____
Misc. Auto Expense	$_____	$_____
Repair	$_____	$_____
Maintenance	$_____	$_____
Gas	$_____	$_____
Auto Insurance	$_____	$_____
Life Insurance	$_____	$_____
Homeowner's Insurance	$_____	$_____
Medical Insurance	$_____	$_____
Clothing	$_____	$_____
Debt Payments	$_____	$_____
Misc. Expenses	$_____	$_____

TOTAL EXPENDITURES	$_____	$_____
Income Less Expenditures	$_____	$_____