BANK OF AMERICA

Spending Plan Worksheet

Income	
Your take-home pay	$
Additional household take-home pay	$
Other	$
Total Income (sum of rows above)	$

SPENDING CATEGORY	PLANNED SPENDING	ACTUAL SPENDING	CHECK IF SPENT AS PLANNED
Expenses: **Home & Utilities**			
Mortgage or rent	$	$	☐
Groceries	$	$	☐
Electricity	$	$	☐
Gas	$	$	☐
Water	$	$	☐
Cable/internet	$	$	☐
Mobile phone	$	$	☐
Other	$	$	☐
Expenses: **Insurance & Financial**			
Health insurance	$	$	☐
Other insurance	$	$	☐
Credit cards	$	$	☐
Other loans	$	$	☐
Savings	$	$	☐
Other	$	$	☐
Expenses: **Personal & Medical**			
Medication (not covered by health insurance)	$	$	☐
Medical, dental & eye care costs (not covered by health insurance)	$	$	☐
Education	$	$	☐
Other	$	$	☐
Expenses: **Entertainment**			
Restaurants	$	$	☐
Movies & music	$	$	☐
Other	$	$	☐
Expenses: **Transportation & Auto**			
Public transportation	$	$	☐
Car expenses	$	$	☐
Other	$	$	☐
Expenses: **Other**			
	$	$	☐
	$	$	☐
	$	$	☐
	$	$	☐
	$	$	☐
Total Expenses (sum of all expenses)	$	$	☐

Net Savings or **Loss** (subtract **Total Expenses** from **Total Income**)	$	$