



Instructions Sheet 7

This sheet is where all your work thus far starts giving you some peace. You will implement Sheet 5 information from theory into your life by using Sheet 7. Note: If you have an irregular income, like self-employment or commissions, you should use Sheet 8, after reviewing Sheet 7.

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 just listing 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 total 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.

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 get paid. I don't care 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. Those who tend to be impulsive should just allocate more to the "Blow" category. At least you are now doing it on purpose and not by default. The last blank that you make an entry in should have a zero to the right of the slash, showing you have allocated your whole check.

An asterick (*) beside an item means you should use the "envelope system."

Emergency Fund gets ALL the savings until three to six months of expenses have been saved.

SAMPLE ALLOCATED SPENDING PLAN					
	PAY PERIOD:	<u>3-1</u>	_____	_____	_____
ITEM					
INCOME		<u>1,000</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

Sheet 7

PAY PERIOD: 8/1 8/8 8/15 8/22

ITEM:

INCOME \$650 \$850 \$1500 0

CHARITABLE 75 / 575 / / /

SAVING

 Emergency Fund 50 / 525 / / /

 Retirement Fund / / / /

 College Fund / / / /

HOUSING

 First Mortgage / 750 / 100 / /

 Second Mortgage / / / /

 Real Estate Taxes / / / /

 Homeowners Ins. / / / /

 Repairs or Mn. Fees / / / /

 Replace Furniture 50 / 475 / / /

 Other _____ / / / /

UTILITIES

 Electricity 100 / 375 / / /

 Water 50 / 325 / / /

 Gas / 50 / 50 / /

 Phone / 25 / 25 / /

 Trash / / / /

 Cable / 25 / 0 / /

***FOOD**

 *Grocery 300 / 25 / / /

 *Restaurants 25 / 0 / / /

cash flow planning



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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

___/___

Replace Furniture

___/___

Other _____

___/___

UTILITIES

Electricity

___/___

Water

___/___

Gas

___/___

Phone

___/___

Trash

___/___

Cable

___/___

*FOOD

*Grocery

___/___

*Restaurants

___/___



Allocated Spending Plan

Sheet 7 continued

TRANSPORTATION

Car Payment	___/___	___/___	___/___	___/___
Car Payment	___/___	___/___	___/___	___/___
*Gas and Oil	___/___	___/___	___/___	___/___
*Repairs and Tires	___/___	___/___	___/___	___/___
Car Insurance	___/___	___/___	___/___	___/___
License and Taxes	___/___	___/___	___/___	___/___
Car Replacement	___/___	___/___	___/___	___/___

*CLOTHING

*Children	___/___	___/___	___/___	___/___
*Adults	___/___	___/___	___/___	___/___
*Cleaning/Laundry	___/___	___/___	___/___	___/___

MEDICAL/HEALTH

Disability Insurance	___/___	___/___	___/___	___/___
Health Insurance	___/___	___/___	___/___	___/___
Doctor	___/___	___/___	___/___	___/___
Dentist	___/___	___/___	___/___	___/___
Optometrist	___/___	___/___	___/___	___/___
Drugs	___/___	___/___	___/___	___/___

PERSONAL

Life Insurance	___/___	___/___	___/___	___/___
Child Care	___/___	___/___	___/___	___/___
*Baby Sitter	___/___	___/___	___/___	___/___
*Toiletries	___/___	___/___	___/___	___/___
*Cosmetics	___/___	___/___	___/___	___/___
*Hair Care	___/___	___/___	___/___	___/___
Education/Adult	___/___	___/___	___/___	___/___
School Tuition	___/___	___/___	___/___	___/___
School Supplies	___/___	___/___	___/___	___/___
Child Support	___/___	___/___	___/___	___/___

cash flow planning



Allocated Spending Plan

Sheet 7 continued

Alimony	___/___	___/___	___/___	___/___
Subscriptions	___/___	___/___	___/___	___/___
Organization Dues	___/___	___/___	___/___	___/___
Gifts (inc.Christmas)	___/___	___/___	___/___	___/___
Miscellaneous	___/___	___/___	___/___	___/___
*BLOW \$\$	___/___	___/___	___/___	___/___

RECREATION

*Entertainment	___/___	___/___	___/___	___/___
Vacation	___/___	___/___	___/___	___/___

DEBTS (Hopefully -0-)

Visa 1	___/___	___/___	___/___	___/___
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	___/___	___/___	___/___	___/___
Other _____	___/___	___/___	___/___	___/___
Other _____	___/___	___/___	___/___	___/___
Other _____	___/___	___/___	___/___	___/___
Other _____	___/___	___/___	___/___	___/___
Other _____	___/___	___/___	___/___	___/___