

WEEKLY SPENDING PLAN RECAP SHEET

	Savings 20%-50%	Taxes 0%-45%	Housing 20%-27%	Transportation 0%-10%	Health, Medical 2%-10%	Donations, Gifts 10%-35%	Other Committed 3%-15%	Discretionary 1%-10%	Total Expenses 100%
YEAR _____									
WEEK _____									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
R	TOTAL EXPENSES								
E	Budgeted Amounts								
C	Overage/(Shortage)								
A	% Over/(Under)								
P									

Notes