Handout 5.1 How Do I Set Up A Monthly Budget?
Becoming Provident Providers

ITEMS	Annual Plan Forecasts (A)	Planned Income and Expense (B)	1st Week	2nd Week	3rd Week	4th Week	5th Week	Month Total (C)	Total Over + or Under - Planned Income (D) (B-C)	% Inc/Exp For The Month (E)	Revised Inc/Exp For Next Month (F)
ACTUAL INCOME											
Brought Forward/Bank Balance											
Salary											
Other Income											
SUBTOTAL with Brougl											
SUBTOTAL without Bro											
Items	Annual Plan	Planned	1st Week	2nd Week	3rd Week	4th Week	5th Week	Month Total	Total Over +	% Inc/Exp	Revised
Pay the Lord First (Actual Contributions)											
Tithing											
Fast Offerings											
Other Charity											
SUBTOTAL											
Pay Yourself Second (Actual Savings)											
$ Transfer to Savings											
$ Other Savings											
SUBTOTAL											
ACTUAL EXPENSES											
Actual Home Expenses											
**Mortgage Payment											
**Taxes Payment											
Electricity											
Other											
SUBTOTAL											
Actual Food Expenses											
Groceries											
Other											
Special Occasions											
Junk Food											
SUBTOTAL											
Actual Personal Expenses											
Clothes / Cleaning											
Hair											
Cable TV & Internet											
ATM Machine For Cash											
Other											
SUBTOTAL											

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Items	Annual Plan	Planned	1st Week	2nd Week	3rd Week	4th Week	5th Week	Month Total	Total Over +	% Inc/Exp	Revised
Actual Transportation Expenses											
**Car Payment											
**2nd Car Pmnt											
Gas/Petrol											
Insurance											
Parking/Bus											
SUBTOTAL											
Actual Vacation Expenses											
Food											
Lodging											
Travel											
Other											
SUBTOTAL											
Actual Education Expenses											
Tuition											
Extra Fees											
Supplies											
Books											
Other											
SUBTOTAL											
Actual Medical Expenses											
Prescriptions											
Health Insurance											
Life Insurance											
Other Medical Paid CASH											
SUBTOTAL											
Actual Charge Cards & Loan Expenses											
Cards Paid in Full at Month End											
**Visa											
**MasterCard											
**Parents											
**Other											
SUBTOTAL											
TOTAL INCOME (Plus											
TOTAL EXPENSE											
INCOME - EXPENSE											
Add Back Savings											
Actual Dollars Left											