



Grand Prairie Financial
LEADING THE WAY

My spending plan

Want to know where it's all going?

Creating a spending plan can be a lot like going on a treasure hunt. Sure, you need your money to do a lot of things each month, but if you dig around, you're sure to find some extra dimes and dollars.

Good luck!

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ESTIMATED TIME

60 minutes

WHAT YOU'LL NEED

Bills, receipts, bank statements, payment books and other things that will help you chart where you spend money

My spending plan

Name: _____

Date: _____

HOUSING

	Monthly costs	Yearly costs
Mortgage/Rent	\$ <input type="text"/>	\$ <input type="text"/>
Real estate taxes	\$ <input type="text"/>	\$ <input type="text"/>
Homeowners/Renters insurance	\$ <input type="text"/>	\$ <input type="text"/>
Gas	\$ <input type="text"/>	\$ <input type="text"/>
Electric	\$ <input type="text"/>	\$ <input type="text"/>
Water/Sewer	\$ <input type="text"/>	\$ <input type="text"/>
Phone/Cell/Internet	\$ <input type="text"/>	\$ <input type="text"/>
Cable/Satellite	\$ <input type="text"/>	\$ <input type="text"/>
Trash collection	\$ <input type="text"/>	\$ <input type="text"/>
Home repair/maintenance	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

TRANSPORTATION

	Monthly costs	Yearly costs
Car loan/Lease payment	\$ <input type="text"/>	\$ <input type="text"/>
Gasoline	\$ <input type="text"/>	\$ <input type="text"/>
License plates	\$ <input type="text"/>	\$ <input type="text"/>
Repairs/maintenance	\$ <input type="text"/>	\$ <input type="text"/>
Other transportation (bus/train/taxi)	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

FOOD

	Monthly costs	Yearly costs
Groceries	\$ <input type="text"/>	\$ <input type="text"/>
Eating out	\$ <input type="text"/>	\$ <input type="text"/>
Work lunches	\$ <input type="text"/>	\$ <input type="text"/>
School lunches	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

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CLOTHING

	Monthly costs	Yearly costs
Family member 1	\$ <input type="text"/>	\$ <input type="text"/>
Family member 2	\$ <input type="text"/>	\$ <input type="text"/>
Family member 3	\$ <input type="text"/>	\$ <input type="text"/>
Family member 4	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

ENTERTAINMENT

	Monthly costs	Yearly costs
Movies/sporting events	\$ <input type="text"/>	\$ <input type="text"/>
Greens fees/pool membership, etc.	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

CHARITABLE CONTRIBUTIONS

	Monthly costs	Yearly costs
Community organizations	\$ <input type="text"/>	\$ <input type="text"/>
Religious organizations	\$ <input type="text"/>	\$ <input type="text"/>
Payroll deductions for charity	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

CHILDREN'S ACTIVITIES

	Monthly costs	Yearly costs
Day care/camp	\$ <input type="text"/>	\$ <input type="text"/>
School activities fees	\$ <input type="text"/>	\$ <input type="text"/>
Music lessons	\$ <input type="text"/>	\$ <input type="text"/>
Sports	\$ <input type="text"/>	\$ <input type="text"/>
Allowance	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

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MEDICAL/DENTAL

	Monthly costs	Yearly costs
Premiums	\$ <input type="text"/>	\$ <input type="text"/>
Co-pays	\$ <input type="text"/>	\$ <input type="text"/>
Prescriptions	\$ <input type="text"/>	\$ <input type="text"/>
Vitamins/treatments	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

INSURANCE PREMIUMS

	Monthly costs	Yearly costs
Auto	\$ <input type="text"/>	\$ <input type="text"/>
Home	\$ <input type="text"/>	\$ <input type="text"/>
Life	\$ <input type="text"/>	\$ <input type="text"/>
Disability/Long-Term Care	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

PERSONAL

	Monthly costs	Yearly costs
Haircuts/manicures, etc.	\$ <input type="text"/>	\$ <input type="text"/>
Dry cleaning/laundry	\$ <input type="text"/>	\$ <input type="text"/>
Gifts	\$ <input type="text"/>	\$ <input type="text"/>
Subscriptions	\$ <input type="text"/>	\$ <input type="text"/>
Gym memberships	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

SAVINGS

	Monthly costs	Yearly costs
401 (k)	\$ <input type="text"/>	\$ <input type="text"/>
IRA	\$ <input type="text"/>	\$ <input type="text"/>
Emergency savings account	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

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TOTALS

	Monthly costs	Yearly costs
Housing	\$ <input type="text"/>	\$ <input type="text"/>
Transportation	\$ <input type="text"/>	\$ <input type="text"/>
Food	\$ <input type="text"/>	\$ <input type="text"/>
Clothing	\$ <input type="text"/>	\$ <input type="text"/>
Entertainment	\$ <input type="text"/>	\$ <input type="text"/>
Charitable contributions	\$ <input type="text"/>	\$ <input type="text"/>
Children's activities	\$ <input type="text"/>	\$ <input type="text"/>
Medical/dental	\$ <input type="text"/>	\$ <input type="text"/>
Insurance premiums	\$ <input type="text"/>	\$ <input type="text"/>
Personal	\$ <input type="text"/>	\$ <input type="text"/>
Savings	\$ <input type="text"/>	\$ <input type="text"/>
Debt payments	\$ <input type="text"/>	\$ <input type="text"/>
Other	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>

Want to see where your money is going?

Fill in a box for each \$100 you spend monthly in each category. Try using a highlighter to fill in the budgeted monthly costs and a pen or marker to shade in the actual costs to see how you measure up.



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