

WEEKLY CASH SPENT

Week of: _____

Name: _____

	PLAN	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Food									
Gas									
Entertainment									
Eating Out									
Babysitters									
Activities/Trips									
Pets/Other									
Movies/Videos/Cable									
Alcohol/Drugs									
Cigarettes/Lottery									
Clothing									
Miscellaneous									
Beauty/Barber									
Laundry/Dry Cleaning									
Allowances/Lunches									
Magazines/Newspaper									
Gifts									
Child Care/College									

WEEKLY CHECKS/MONEY ORDERS WRITTEN

	PLAN	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Giving									
Housing									
Utilities									
Phone									
Other									
Food									
Automobile									
Insurance									
Debts									
Entertainment									
Clothing									
Savings/Investments									
Medical									
Miscellaneous									
Child Care/Tuition									

Transfer these totals to the Monthly Cash Spent sheet.