

Personal Authorized Spending Guide

Client Name:

Date:

						Authorized	
	Week	Month	Month	Month	Annual	Amount	%
<u>SPENDABLE INCOME</u>							
<u>TAXPAYER</u>							
Salaries & Wages							
Self-Employment							
Bonuses & Commissions							
Interest & Dividends							
Pensions							
Social Security							
Unemployment/Disability							
Alimony/Child Support							
Royalties							
Rental Property (net)							
Cash Gifts Received							
Spendable Trust Income							
Other							
<u>Total</u>							
<u>Spouse/Partner</u>							
Salaries & Wages							
Self-Employment							
Bonuses & Commissions							
Interest & Dividends							
Pensions							
Social Security							
Unemployment/Disability							
Alimony/Child Support							
Royalties							
Rental Property (net)							
Cash Gifts Received							
Spendable Trust Income							
Other							
<u>Total</u>							

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	Week	Month	Month	Month	Annual	Amount	%
<u>FIXED EXPENDITURES</u>							
<u>DEBT SERVICE & REDUCTION</u>							
Credit Card Reduction Payments							
Loan Reduction							
Other							
Total							
<u>Grocery Store Purchases</u>							
Food							
Housekeeping Supplies							
Personal							
Other							
Total							
<u>Health Care Costs</u>							
Health Insurance							
Dental Insurance							
Doctor (CO) Payments							
Dentist (CO) Payments							
Hospital Payments							
Medication							
Other							
Total							
<u>Housing</u>							
Mortgage/Rent							
Mortgage-Insurance							
Homeowners Insurance							
Gas & Electricity/Phone							
Water, Sewage, Garbage							
Home Furnishings							
Cable/Internet							
Other							
Total							
<u>Income Taxes</u>							
Yourself							
Payroll Withholding							
Self Employment- Est.							
Spouse/Partner							
Payroll Withholding							
Self Employment- Est.							
Other							
Total							

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	Week	Month	Month	Month	Annual	Amount	%
<u>Insurance</u>							
Life Insurance							
Property & Casualty Insurance							
Other							
Total							
<u>Transportation</u>							
Vehicle Purchase Allotment							
Loan Payments							
Gasoline & Oil							
Repairs & Maintenance							
Insurance							
Tax & License							
Public Transportation							
Parking, Tolls & Other							
Other							
Total							
<u>Discretionary Expenditures</u>							
Total							
<u>Cash Gifts</u>							
Charitable Contributions							
Birthdays							
Anniversaries							
Christmas							
Other							
Total							
<u>Clothing</u>							
Yourself							
Spouse/Partner							
Children							
Dry Cleaning/Laundry/Mending							
Laundry Mat							
Other							
Total							
<u>Dependent Support (Education)</u>							
Tuition							
Room & Board							
Other							
Total							
<u>Dependent Support (Non-Education)</u>							
Cash & Allowances							
Gifts							
Alimony/Child Support							
Babysitting/Child Care							
Other							
Total							

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	Week	Month	Month	Month	Annual	Amount	%
<u>Dining Out</u>							
Lunches							
Dinner & Other							
Other							
Total							
<u>Entertainment</u>							
Recreation/Entertainment							
Event Tickets							
Hobbies							
Club Membership							
Other							
Total							
<u>Household Maintenance</u>							
Home Repair							
Domestic Employees							
Yard Maintenance							
Improvements/Landscaping							
Other							
Total							
<u>Major Purchases</u>							
Itemized #1							
Itemized #2							
Itemized #3							
Other							
Total							
<u>Misc Expenditures</u>							
Itemized #1							
Itemized #2							
Itemized #3							
Other							
Total							
<u>Professional Services</u>							
Accounting & Tax Services							
Legal Services							
Financial Planning							
Siren A.I.M. Membership							
Other							
Total							
<u>Non-Pension Savings</u>							
Monthly "Savings Account"							
Monthly "Money Market"							
Non-Pension Retirement							
Future College Fees							
Support Elderly/Disability							
Other							
Total							

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<u>Pension Contributions</u>							
IRA							
SEP							
KEOGH							
401K							
Other							
Total							
<u>Personal Care</u>							
Salon Services							
Health Club Membership							
Cosmetics/Skin Care							
Other							
Total							
<u>Publications</u>							
Newspapers							
Magazines							
Professional Journal							
Other							
Total							
<u>Unreimbursed Business Expenses</u>							
Business Meals & Entertainment							
Travel Expenses/Lodging							
Professional Journals							
Dues, Fees, & Education							
Other							
Total							
<u>Vacations & Holidays</u>							
Personal							
Family							
Other							
Total							
<u>Total Expenditures</u>							
<u>Net Cash - Excess or Shortage</u>							

I have reviewed the amounts listed in each category and agree to diligently adhere to spending only the agreed amount.

X

Signature _____

X

Signature _____