Weekly / Monthly Spending Plan Tracking Sheet

Week Beginning: ____ / ___ / ____ Week Ending ___/___/____ Week #: _____

Expense Balance	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	End of week	how paid
Food									
Clothing									
Housing									
Transportation									
Childcare									
Entertainment									
Vending machine									
Phone									
Misc.									
Personal									
Other									
Other debt									
Daily TOTAL:									