



Week of \_\_\_\_\_

# Spending Worksheet

Non-Fixed Weekly Expenses

|                   | Mon. | Tue. | Wed. | Thu. | Fri. | Sat./Sun. | TOTAL |
|-------------------|------|------|------|------|------|-----------|-------|
| Groceries         |      |      |      |      |      |           |       |
| Snacks            |      |      |      |      |      |           |       |
| Entertainment     |      |      |      |      |      |           |       |
| Personal Items    |      |      |      |      |      |           |       |
| Vehicles          |      |      |      |      |      |           |       |
| Household Items   |      |      |      |      |      |           |       |
| Gifts             |      |      |      |      |      |           |       |
| Health/Dent./Vis. |      |      |      |      |      |           |       |
| Other             |      |      |      |      |      |           |       |
| Daily Total       |      |      |      |      |      |           |       |

Reset Form

Helping you achieve financial security, no matter where you're starting from. 1-866-COUNTRY (1-866-268-6879)