MONTHLY CASH FLOW CONTROL FORM (CF-1)

Financial Freedom Plan: "Keeping Track of God's Money"

Recommendation: Enlarge form with 11X17 photocopies.

Name(s): _____ **Date Completed:** _____ **For Month:** _____ **Year:** _____

Projected/Plan (From Cash Flow Form)	
Monthly Gross Income	
Less Total Giving	
Less Taxes	
Less Debt Repayment	
Net Spendable Income	

	Actual This Month					
	Week 1	Week 2	Week 3	Week 4	Week 5	Month Total
Totals:						

	Comparison		
	Month Plan	Month Actual	Plus/ Minus ( )
Totals:			

LIV. EXPENSES: A-J: (See Living Expenses Form)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Actual Total	Month Plan	Diff.
A. Housing																																		
B. Food																																		
C. Clothing																																		
D. Trans.																																		
E. Ent./Rec.																																		
F. Medical																																		
G. Insurance																																		
H. Children																																		
I. Gifts/Spec Occ																																		
J. Misc.																																		
Total (A-J):																																		

RECAP MONTHLY DATA

Actual Net Spendable Income:	$
Less Actual (A-J) Living Expenses:	( )
Actual Cash Flow Margin this Month:	$
Planned CF From Monthly CF Analysis Form:	$
Temporary Surplus or Deficit ( ) this Month:	$

After completing this form, *proceed to form CF-2 to display & track your uses of positive cash flow.* ***Note: If CF is Negative or Zero, then form CF-2 will not yet apply: proceed to annual summary form (CF-3).***

Advice on Using Form: *Only use a very sharp pencil; don't use decimals, instead round-up to nearest dollar; use brackets ( ) to indicate minus numbers; fill in all possible blanks; and recheck math, if possible use a calculator with adding machine tape.*

Comments/Action Needed: _____