Name			OAVINO/OI ENDIN	· · · · · · · · · · · · · · · ·	Date	
ENTITLEMENTS	Current	Expected		FIXED EXPENSES	Current	Expected
Base Pay				Rent		
BAS			E=\$452.56 O=\$311.68	TRICARE Dental		
BAH			Housing	Auto Insurance		
HDP			Adjusted Monthly	Cell Phone		
COLA				Renter's Insurance		
FSH				Electric/Water/Gas		
Clothing Allowance				Netflix/Hulu/Subscription		
				Internet/Cable		
TOTAL INCOME	\$ -	\$ -	\$ -	Child Support		
DEDUCTIONS	Current	Expected		Day Care		
Federal Taxes			Fed Income Tax	CFC		
FICA-SOC SEC			6.2% of Base Pay	Savings		
FICA-MED			1.45% Base Pay			
SGLI			Life Insurance			
State Taxes			State Income Tax	TOTAL FIXED EXP.	\$ -	\$ -
AFRH			All Enl. \$.50	VARIABLE	MONTHLY EXPEN	SES
SGLI Fam/Spouse			Life Insurance	Groceries		
TSP - Traditional				Gas		
TSP - Roth				Eating Out		
				School Lunches		
TOTAL DEDUCTIONS	\$ -	\$ -		Work Lunches		
NET / GROSS PAY	\$ -	\$ -	Income - Ded.	Diapers/Wipes		
DEBT	Current	Expected	BALANCE	Entertainment		
POV Payment				Hair Care		
POV Payment				Tobacco		
Mortgage				Alcohol		
Credit Card(s)				Pets		
Star Card				POV Maintenance		
AER Debt (Current)				Clothes/Shoes		
AER Debt (Projected)				Support to Family		
Student Loan(s)						
TSP Loan						
OMNI						
PIONEER						
Gov. Travel Card			\$ 4,098.38	TOTAL VAR. EXP.	\$ -	\$ -
TOTAL DEBT PMTS	\$ -	\$ -	\$ 4,098.38	TOTAL MONTHLY EXPENSES	\$ -	\$ -
FINANCIAL PLANNING ASSESSMENT:				ACTUAL	·	PROJECTED
NET PAY				\$	-	\$ -
MINUS EXPENDITURES (DEBT PMTS + EXPENSES)						
MINUS EXPENDITU	RES (DEBT PM)	rs + expenses)		\$	-	\$ -

TOTAL DEBT PMTS \$ - \$

You may change names on categories to fit your budget Current: what your current income and expenses are Expected: shows any upcoming changes to income and expenses