

\$2

THE NUMBERS



SCDA

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Monthly

SUMMARY WORKSHEET

Preparation and Format for
SPENDING PLAN & TOTALS

SUMMARY WORKSHEET

 Month

TOTAL CASH FLOW

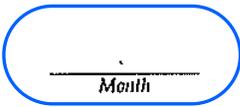
INCOME-ACTUAL:

INCOME-PLAN:

<u>SOURCE</u>	<u>AMOUNT</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL \$	_____	TOTAL \$	_____

SPENDING:

	<u>ACTUAL</u>	<u>CURRENT PLAN</u>	<u>NEW PLAN</u>
1 SPIRITUAL	_____	_____	_____
2 SHELTER	_____	_____	_____
3 FOOD	_____	_____	_____
4 TRANSPORTATION	_____	_____	_____
5 CLOTHING	_____	_____	_____
6 PERSONAL CARE	_____	_____	_____
7 HEALTH CARE	_____	_____	_____
8 DEPENDANT CARE	_____	_____	_____
9 ENTERTAINMENT	_____	_____	_____
10 EDUCATION	_____	_____	_____
11 VACATIONS	_____	_____	_____
12 PERSONAL BUSINESS	_____	_____	_____
13 GIFTS	_____	_____	_____
14 INVESTMENTS	_____	_____	_____
15 TAXES	_____	_____	_____
16 DEBT REPAYMENT	_____	_____	_____
TOTAL \$	_____	\$ _____	\$ _____
+ OR (-) CASH FLOW \$	_____	\$ _____	\$ _____



MONTHLY WORKSHEET

SPENDING PLAN

	<u>ACTUAL</u>	<u>CURRENT PLAN</u>	<u>NEW PLAN</u>
1. SPIRITUAL			
Books	_____	_____	_____
Classes	_____	_____	_____
Tapes	_____	_____	_____
Seminars	_____	_____	_____
CONTRIBUTIONS:			
7th Tradition	_____	_____	_____
Tithing	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

2. SHELTER			
Rent	_____	_____	_____
Home Mortgage	_____	_____	_____
Phone	_____	_____	_____
Gas	_____	_____	_____
Water/Power	_____	_____	_____
Bottled Water	_____	_____	_____
Home Insurance	_____	_____	_____
Cleaning person	_____	_____	_____
Storage	_____	_____	_____
Moving	_____	_____	_____
Maintenance/upkeep	_____	_____	_____
labor	_____	_____	_____
materials	_____	_____	_____
Household purchases	_____	_____	_____
Home Insurance	_____	_____	_____
Cleaning person	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

SPENDING PLAN

	<u>ACTUAL</u>	<u>CURRENT PLAN</u>	<u>NEW PLAN</u>
3. FOOD			
Snacks	_____	_____	_____
gum	_____	_____	_____
soda	_____	_____	_____
coffee	_____	_____	_____
Groceries	_____	_____	_____
Dining Out	_____	_____	_____
Breakfast	_____	_____	_____
Lunch	_____	_____	_____
Dinner	_____	_____	_____
Brunch	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

4. TRANSPORTATION			
Car payment	_____	_____	_____
Car insurance	_____	_____	_____
Parking	_____	_____	_____
Registration	_____	_____	_____
Oil/Lube	_____	_____	_____
Maintenance	_____	_____	_____
Fuel	_____	_____	_____
Repairs	_____	_____	_____
Purchases (tires/parts)	_____	_____	_____
Bus	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

SPENDING PLAN

<u>5. CLOTHING</u>	<u>ACTUAL</u>	<u>CURRENT PLAN</u>	<u>NEW PLAN</u>
Apparel	_____	_____	_____
Shoes	_____	_____	_____
Accessories	_____	_____	_____
Jewelry	_____	_____	_____
Tailor	_____	_____	_____
Cleaners	_____	_____	_____
Laundry	_____	_____	_____
Shoe repair	_____	_____	_____
Jewelry repair	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____
<u>6. PERSONAL CARE</u>			
Toiletries	_____	_____	_____
Cosmetics	_____	_____	_____
Manicure	_____	_____	_____
Pedicure	_____	_____	_____
Haircuts	_____	_____	_____
Haircare	_____	_____	_____
Massage	_____	_____	_____
Gym	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____
<u>7. HEALTH CARE</u>			
Health insurance	_____	_____	_____
Vitamins	_____	_____	_____
Rx/Prescriptions	_____	_____	_____
MD	_____	_____	_____
Dentist	_____	_____	_____
Eye care	_____	_____	_____
Glasses/contacts	_____	_____	_____
Therapy	_____	_____	_____
Chiropractor	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

SPENDING PLAN

	<u>ACTUAL</u>	<u>CURRENT PLAN</u>	<u>NEW PLAN</u>
8. DEPENDANT CARE			
(parents, children, pets)			
Insurance	_____	_____	_____
Food	_____	_____	_____
Clothing	_____	_____	_____
Day Care	_____	_____	_____
School	_____	_____	_____
Transportation	_____	_____	_____
Lunches	_____	_____	_____
Child Care	_____	_____	_____
Services	_____	_____	_____
Pet Care	_____	_____	_____
Family events	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

9. ENTERTAINMENT

Tapes/records	_____	_____	_____
Movies	_____	_____	_____
Theatre	_____	_____	_____
Concerts	_____	_____	_____
Clubs	_____	_____	_____
Sightseeing	_____	_____	_____
Houseguests	_____	_____	_____
Magazines	_____	_____	_____
Books	_____	_____	_____
Video			
purchase	_____	_____	_____
rental	_____	_____	_____
Cable TV	_____	_____	_____
Hobbies	_____	_____	_____
Dancing	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

SPENDING PLAN

	<u>ACTUAL</u>	<u>CURRENT PLAN</u>	<u>NEW PLAN</u>
10. EDUCATION			
Tuition	_____	_____	_____
Books	_____	_____	_____
Supplies	_____	_____	_____
Parking	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

11. VACATION			
Weekends	_____	_____	_____
Summer	_____	_____	_____
Winter	_____	_____	_____
Special Interest	_____	_____	_____
Travel Fund	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

12. PERSONAL BUSINESS			
Supplies	_____	_____	_____
Fees	_____	_____	_____
Services	_____	_____	_____
Photo copies	_____	_____	_____
Postage	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

SPENDING PLAN

	<u>ACTUAL</u>	<u>CURRENT PLAN</u>	<u>NEW PLAN</u>
13. GIFTS			
Christmas	_____	_____	_____
Hanukkah	_____	_____	_____
Easter	_____	_____	_____
Passover	_____	_____	_____
Weddings	_____	_____	_____
Birthdays	_____	_____	_____
Anniversaries	_____	_____	_____
Cards	_____	_____	_____
Love gifts	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

14. INVESTMENTS			
Savings	_____	_____	_____
Real Estate	_____	_____	_____
Stocks/Bonds	_____	_____	_____
Retirement	_____	_____	_____
IRAs	_____	_____	_____
Business'	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

15. TAXES			
FICA	_____	_____	_____
Federal Tax	_____	_____	_____
State Tax	_____	_____	_____
SDI	_____	_____	_____
SSI	_____	_____	_____
_____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

DEBT REPAYMENT

DEBT REPAYMENT

EMOTIONAL DEBT

List in order of ascending balance (smallest balance to largest balance)

	<u>Creditor</u>	<u>Beginning Balance</u>	<u>Status</u>	<u>Date last paid</u>	<u>Amount of monthly (or last) payment</u>	<u>Current balance</u>
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.	_____	_____	_____	_____	_____	_____
	TOTAL	_____			_____	_____

DEBT REPAYMENT

EMOTIONALLY DETACHED DEBT

List in order of ascending balance (smallest balance to largest balance)

<u>Creditor</u>	<u>Beginning Balance</u>	<u>Status</u>	<u>Date last paid</u>	<u>Amount of monthly (or last) payment</u>	<u>Current balance</u>
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. _____	_____	_____	_____	_____	_____
TOTAL	_____			_____	_____

PURPOSES & ACTION PLAN

This is a gift to those that gave me my life,
take what you want and leave the rest.

—A Member

“We are a problem people who have found a way up and out, and who wish to share our knowledge of that way with all who can use it. For it is only by accepting and solving our problems that we can begin to get right with ourselves and with the world about us, and with Him who presides over us all.”

—*“Twelve Steps and Twelve Traditions,”* p. 125

We share our experience, strength, and hope.
We do not give legal advice.
You assume full responsibility
for any actions you take.