

<i>My Plans for Today</i>		<i>DATE:</i>
<i>What's for DINNER?</i>	<i>FINANCIAL Tasks:</i>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
<i>Household Tasks:</i>	<i>PERSONAL Tasks:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<i>Work / Project Tasks:</i>	<i>*** Top 3 Tasks ***</i>	
<input type="checkbox"/>	<i>1)</i>	<input type="checkbox"/>
<input type="checkbox"/>		
<input type="checkbox"/>	<i>2)</i>	<input type="checkbox"/>
<input type="checkbox"/>		
<input type="checkbox"/>	<i>3)</i>	<input type="checkbox"/>
<i>PHONE Calls TO MAKE / Emails TO SEND</i>	<i>Today's Plan</i>	
<input type="checkbox"/>	MORNING	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<i>NOTES:</i>	AFTERNOON	
<i>WHAT I WANT TO REMEMBER ABOUT Today:</i>	EVENING	

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