



# LET'S GO SHOPPING! GROCERY LIST

WEEK OF: \_\_\_\_\_

- COUPONS
- REUSABLE BAGS
- SHOPPER'S CARD

<b>FRUITS / VEGETABLES / BULK</b>		<b>DELI / BAKERY / BREADS / CHEESE</b>	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>BAKING / OILS</b>	<b>CANNED / JARRED</b>	<b>PASTA / RICE / BOXED</b>	<b>CONDIMENTS / SPICES</b>
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>KITCHEN SUPPLIES</b>	<b>MEAT / SEAFOOD</b>	<b>SNACKS / TREATS</b>	<b>BEVERAGES</b>
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>BREAKFAST / CEREALS</b>	<b>FROZEN FOODS</b>	<b>PETS / BABY CARE</b>	<b>DAIRY CASE / EGGS</b>
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<b>PAPER PRODUCTS</b>	<b>LAUNDRY / CLEANING</b>	<b>HEALTH / BEAUTY</b>	<b>MISC.</b>
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

BUDGET: \_\_\_\_\_ SPENT: \_\_\_\_\_

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