



|                 |                 |  |
|-----------------|-----------------|--|
| Week:<br>Friday | Week:<br>Monday | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|                 | Tuesday         | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |

### To-do list

to do:

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- 
- 

deadline:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Expenses

item

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amount    date

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Any  paid  saved

### Shopping List

item

quantity    price

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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