

Weekly Meals:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Grocery Shopping List:

- | | | | | | | |
|---|---|--|--|--|--|--|
| <p><u>FRUITS</u></p> <input type="checkbox"/> Apples
<input type="checkbox"/> Bananas
<input type="checkbox"/> Grapes
<input type="checkbox"/> Pears
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>MEAT & FISH</u></p> <input type="checkbox"/> Ground Turkey
<input type="checkbox"/> Ground Beef
<input type="checkbox"/> Chicken
<input type="checkbox"/> Bacon
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>REFRIGERATED</u></p> <input type="checkbox"/> Milk
<input type="checkbox"/> Butter
<input type="checkbox"/> Eggs
<input type="checkbox"/> Yogurt
<input type="checkbox"/> Cheese
<input type="checkbox"/> Lunch Meat
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>GENERAL</u></p> <input type="checkbox"/> Peanut butter
<input type="checkbox"/> Jelly
<input type="checkbox"/> Coffee
<input type="checkbox"/> Tea
<input type="checkbox"/> Ketchup
<input type="checkbox"/> Mustard
<input type="checkbox"/> Mayonnaise
<input type="checkbox"/> Salad dressing
<input type="checkbox"/> Pasta sauce
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>SNACKS</u></p> <input type="checkbox"/> Crackers
<input type="checkbox"/> Chips
<input type="checkbox"/> Salsa/Dip
<input type="checkbox"/> Nuts
<input type="checkbox"/> Cookies
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>FROZEN</u></p> <input type="checkbox"/> Ice cream
<input type="checkbox"/> Pizza
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>HOUSEHOLD</u></p> <input type="checkbox"/> Paper towels
<input type="checkbox"/> Garbage bags
<input type="checkbox"/> Aluminum foil
<input type="checkbox"/> Laundry detergent
<input type="checkbox"/> Light bulbs
<input type="checkbox"/> Batteries
<input type="checkbox"/> Household cleaner
<input type="checkbox"/> Hand soap
<input type="checkbox"/> Dish detergent
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
| <p><u>VEGETABLES</u></p> <input type="checkbox"/> Cucumbers
<input type="checkbox"/> Spinach
<input type="checkbox"/> Broccoli
<input type="checkbox"/> Tomatoes
<input type="checkbox"/> Potatoes
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>CANNED</u></p> <input type="checkbox"/> Beans
<input type="checkbox"/> Tomatoes
<input type="checkbox"/> Tuna
<input type="checkbox"/> Soup
<input type="checkbox"/> Vegetables
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>GRAINS</u></p> <input type="checkbox"/> Pasta
<input type="checkbox"/> Rice
<input type="checkbox"/> Cereal
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>BAKED GOODS</u></p> <input type="checkbox"/> Bread
<input type="checkbox"/> Bagels
<input type="checkbox"/> Tortillas
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>BAKING</u></p> <input type="checkbox"/> Flour
<input type="checkbox"/> Sugar
<input type="checkbox"/> Cake Mix
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <p><u>OTHER</u></p> <input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | |