

GROCERY list

MEAT *and* SEAFOOD

- _____
- _____
- _____
- _____
- _____

DAIRY

- _____
- _____
- _____
- _____
- _____

BAKING

- _____
- _____
- _____
- _____
- _____

CANNED

- _____
- _____
- _____
- _____
- _____

GRAINS *and* BEANS

- _____
- _____
- _____
- _____
- _____

CONDIMENTS

- _____
- _____
- _____
- _____
- _____

FRUITS

- _____
- _____
- _____
- _____
- _____

SNACKS

- _____
- _____
- _____
- _____
- _____

FROZEN

- _____
- _____
- _____
- _____
- _____

VEGETABLES

- _____
- _____
- _____
- _____
- _____

TOILETRIES

- _____
- _____
- _____
- _____
- _____

BEVERAGES

- _____
- _____
- _____
- _____
- _____

what's for **DINNER?**

M

Blank writing area for Monday.

T

Blank writing area for Tuesday.

W

Blank writing area for Wednesday.

T

Blank writing area for Thursday.

F

Blank writing area for Friday.

S

Blank writing area for Saturday.

S

Blank writing area for Sunday.

RECIPES to try

RECIPE	SOURCE	TRIED?
		<input type="checkbox"/>
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monthly MEAL PLANNER

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:
<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:
<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:
<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:	<input type="checkbox"/> B: L: D:

