

GROCERY SHOPPING LIST

Meal Ideas

① _____	④ _____
② _____	⑤ _____
③ _____	⑥ _____

Fruits/Vegetables

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Dairy

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Meat/Protein

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Frozen Food

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Fats

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Canned Items

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Carbs/Starches

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

Other

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

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