

# NO SPEND MONTH

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FINANCIAL GOAL: \$

PERSONAL GOAL:

## RULES

ESSENTIALS:

NON-ESSENTIALS:



## WEEK ONE SPENDING

ESSENTIAL:

NON-ESSENTIALS:

## WEEK TWO SPENDING

ESSENTIAL:

NON-ESSENTIALS:

## WEEK THREE SPENDING

ESSENTIAL:

NON-ESSENTIALS:

## WEEK FOUR SPENDING

ESSENTIAL:

NON-ESSENTIALS:

# INVENTORY CHECK

PANTRY ITEMS:

FREEZER ITEMS:

# INVENTORY CHECK

**CLEANING SUPPLIES:**

**PERSONAL CARE ITEMS:**



# REFLECTIONS

**WHAT WAS THE MOST CHALLENGING PART?**

**WHAT SURPRISED YOU THE MOST?**

**WHAT DID YOU LEARN ABOUT YOUR HABITS?**

**ONE HABIT TO CARRY FORWARD:**

**MEANINGFUL WAY TO CELEBRATE:**