

TRIP OVERVIEW

DESTINATION

DEPARTING

RETURNING

LANGUAGE

CURRENCY

CONVERSION RATE

1 ____ =

FLIGHT #	DEPARTURE	ARRIVAL

NOTES

ACCOMMODATION	CHECK IN	CHECK OUT

TRANSPORTATION	DEPARTURE	ARRIVAL

EMERGENCY NUMBERS	
POLICE	
FIRE	
AMBULANCE	
OTHER	

PRE-TRIP TO DO

<input checked="" type="checkbox"/>	PRE-SHOPPING LIST
<input type="checkbox"/>	
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<input checked="" type="checkbox"/>	RESERVATIONS
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input checked="" type="checkbox"/>	DOCUMENTS TO DOWNLOAD/PRINT
<input type="checkbox"/>	
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<input checked="" type="checkbox"/>	AROUND THE HOUSE
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<input checked="" type="checkbox"/>	CONTACT FINANCIAL INSTITUTIONS
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Daily Planner

date

location

weather

main activities

budget

today's schedule

food plans

breakfast

lunch

dinner

snacks etc.

NOTES

expenses

item

amount

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total