

TRAVEL PACKING LIST

DESTINATION: _____

DATES: _____

CLOTHES

Tops / Shirts

Pants / Shorts

Underwear

Socks

Pajamas

Jackets

Shoes

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TOILETRIES

Toothbrush

Toothpaste

Deodorant

Shampoo

Skincare

Sunscreen

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ELECTRONICS

Phone & Charger

Laptop & Charger

Headphones

Power Bank

Adapter

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DOCUMENTS

Passport / ID

Tickets

Insurance

Cash / Cards

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HEALTH

Prescriptions

Vitamins

First Aid

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CARRY-ON

Empty Water Bottle

Snacks

Neck Pillow

Eye Mask

Sanitizer

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MISC

Sunglasses

Umbrella

Keys

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FINAL HOUSE CHECK

- | | | |
|---|---|---|
| <input type="checkbox"/> Windows Closed | <input type="checkbox"/> Thermostat Set | <input type="checkbox"/> Appliances Off |
| <input type="checkbox"/> Plants Watered | <input type="checkbox"/> Trash Out | <input type="checkbox"/> Doors Locked |