

30 Days



NO SPEND CHALLENGE

Start date:

End date:



NO SPEND DAYS #:

OOPS DAYS #:

No Spend Challenge



WORKSHEET

Savings Goals: _____

RULES	EXCEPTIONS

Notes:

Post Challenge



SHOPPING LIST

Write down all the items you come across during the no spend challenge. Mark them as "need" or "want" and review the list after the challenge is over.

ITEM	NEED	WANT	✓
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