

Week of: _____

Day	Breakfast	Lunch	Dinner	Snacks	Notes/Recipe Link
Monday	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____

Grocery List

<input type="checkbox"/>	Item	Qty	<input type="checkbox"/>	Item	Qty
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____
<input type="checkbox"/>	_____	____	<input type="checkbox"/>	_____	____

Meal Prep Checklist

<input type="checkbox"/> Plan meals for the week	<input type="checkbox"/> Chop veggies	<input type="checkbox"/> Cook grains/beans
<input type="checkbox"/> Portion lunches	<input type="checkbox"/> Freeze leftovers	<input type="checkbox"/> Label containers

Notes / Special Diets

Bought This Week (track perishable items)

Item	Use By / Notes
_____	_____

<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>