

GROCERY SHOPPING CHECKLIST

1 FOOD/SUPPLIES ON HAND

- I have ____ meals on hand
- I need ____ meals this shopping trip
- I have made a menu plan for the meals I have
- I have added the meals I want to have to my menu
- I made a shopping list
- I have added needed toiletries to my shopping list
- I have added needed household supplies to my shopping list

2 EXPIRED FOOD

- I have checked the expiration dates of the food I have on hand

3 BUDGET/PAYMENT

- I have a grocery budget: \$ _____
- I know how I will pay for my groceries
- I will use cash to pay for my groceries
- I will use SNAP benefits (EBT card) to pay for groceries
- I will use my debit card to pay for groceries
- I will use a gift card to pay for groceries

4 WHEN & WHERE TO SHOP

- I have decided when to go shopping
- I will shop online
- I will shop in-store
- I know which store I will be going to
- I know how I will get to the store
- I know how I will get home from the store

5 PUTTING AWAY GROCERIES

- I have all of my frozen items in the freezer
- I have all of my refrigerated items in the refrigerator
- I have put my new grocery items behind the items I already had (rotating stock)
- I have organized and straightened my items



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SIMPLE MENU PLAN

for the week of:

Monday

Wednesday

Friday

Sunday

Lunch Ideas

Tuesday

Thursday

Saturday

Breakfast Ideas

Snacks



Grocery Shopping List

My budget: \$ _____

PRODUCE

MEAT / POULTRY

DAIRY

BREAD/BAKERY

FROZEN FOODS

DRY GOODS

CANNED GOODS

BEVERAGES

SNACKS

Household & Toiletries
