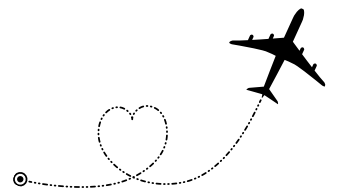
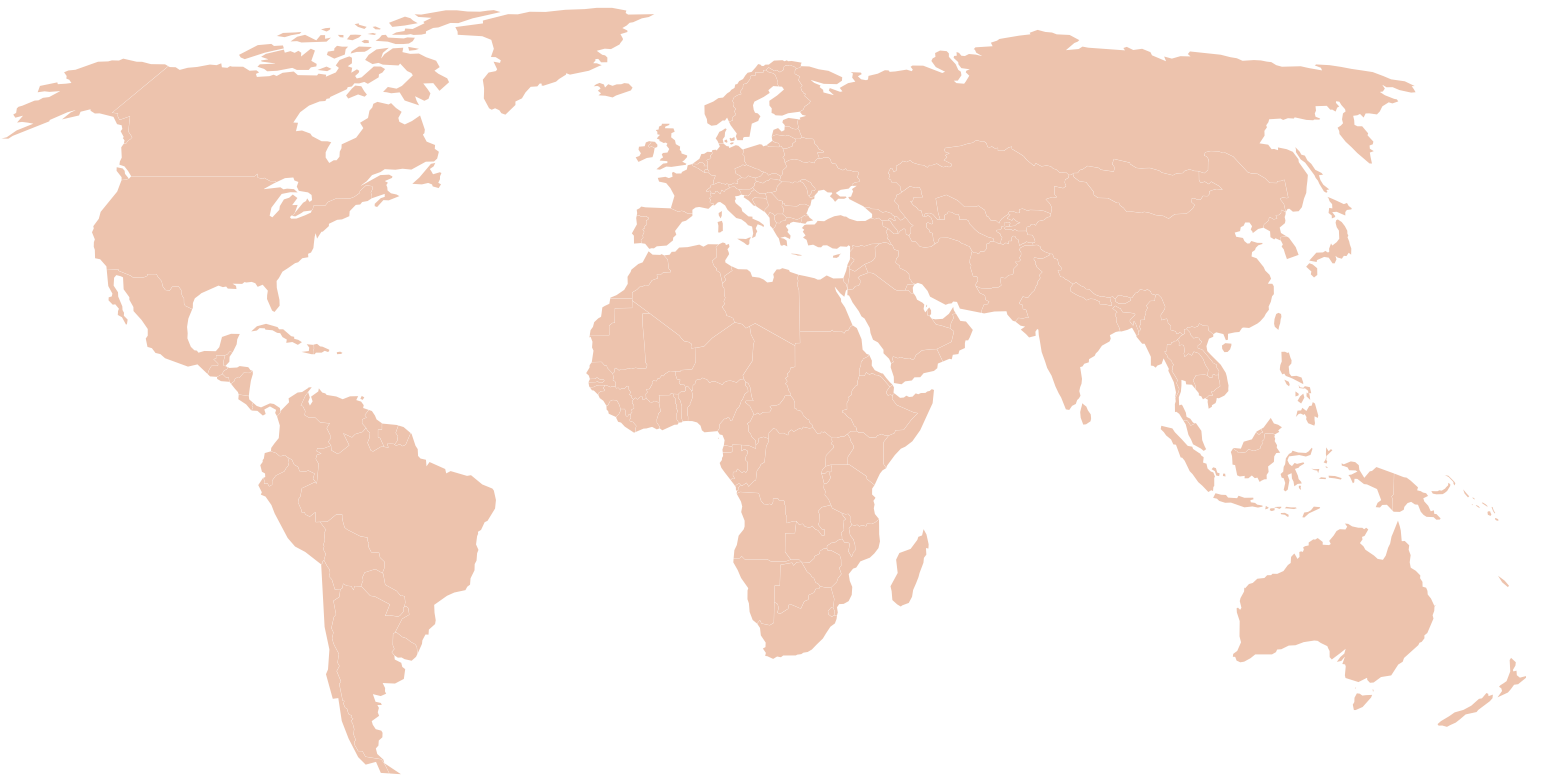


# TRAVEL

*Planner*

# 2021



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# COVID-19 TRAVEL CHECKLIST

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Face masks



Hand sanitizer



Bags to store used masks



Disinfecting wipes



Disposable latex gloves



Hand soap



Medications



Health insurance



Proof of vaccination



Proof of negative  
COVID test

# TRAVEL *Planner*

01	02	03	04	05	06	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## Priorities

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## Notes

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# TRAVEL PLAN

MON	TUE	WED	THU	FRI	SAT	SUN

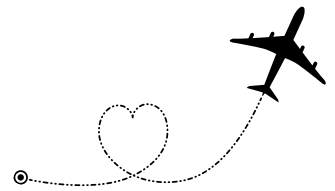
NOTES:

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# TRAVEL PLAN

DESTINATION

DATE

EXPENSE

BUDGET    ACTUAL

EXPENSE	BUDGET	ACTUAL
FLIGHT		
ACCOMMODATION		
TRANSPORTATION		
FOOD		
SHOPPING		
TOTAL		

PLACES TO SEE

PLACES TO EAT

ADDRESS(ES) I'M STAYING AT

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PLACES TO SHOP

EMERGENCY CONTACTS



# TRAVEL BUCKET LIST

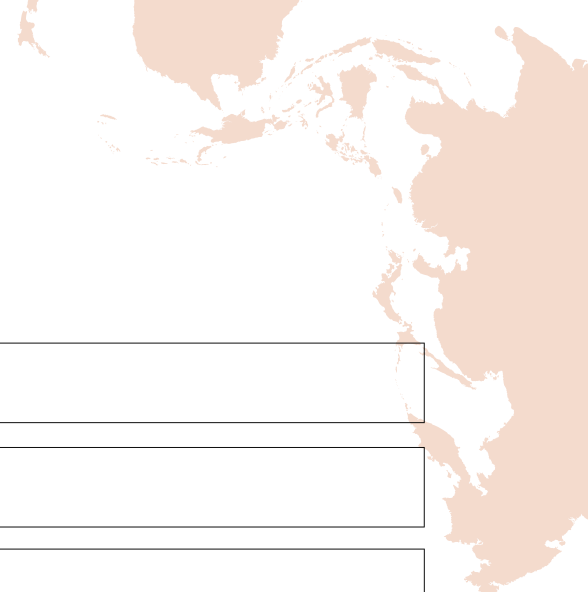
DESTINATION:

DESTINATION:

DESTINATION:

DESTINATION:

# TRAVEL ITINERARY



DESTINATION	
ADDRESS	
START DATE	
END DATE	

TIME	ACTIVITY	LOCATION

HOTEL

TRANSPORTATION

# PACKING CHECKLIST



CLOTHES/ACCESSORIES

✓	QTY	✓	QTY	✓	QTY			
<input type="checkbox"/>	<input type="checkbox"/>	UNDERWEAR	<input type="checkbox"/>	<input type="checkbox"/>	SKIRTS	<input type="checkbox"/>	<input type="checkbox"/>	LEISURE SHOES
<input type="checkbox"/>	<input type="checkbox"/>	SOCKS/STOCKINGS	<input type="checkbox"/>	<input type="checkbox"/>	SWEATERS/SWEATSHIRTS	<input type="checkbox"/>	<input type="checkbox"/>	HIKING/ATHLETIC SHOES
<input type="checkbox"/>	<input type="checkbox"/>	UNDERSHIRTS/BRAS	<input type="checkbox"/>	<input type="checkbox"/>	FORMAL WEAR	<input type="checkbox"/>	<input type="checkbox"/>	WALKING SHOES
<input type="checkbox"/>	<input type="checkbox"/>	SLEEPWEAR	<input type="checkbox"/>	<input type="checkbox"/>	SWIMSUITS/COVER-UPS	<input type="checkbox"/>	<input type="checkbox"/>	DRESS SHOES
<input type="checkbox"/>	<input type="checkbox"/>	T-SHIRTS	<input type="checkbox"/>	<input type="checkbox"/>	JACKETS/RAINWEAR	<input type="checkbox"/>	<input type="checkbox"/>	SANDALS/FLIP-FLOPS
<input type="checkbox"/>	<input type="checkbox"/>	DRESS SHIRTS	<input type="checkbox"/>	<input type="checkbox"/>	HATS	<input type="checkbox"/>	<input type="checkbox"/>	BELTS
<input type="checkbox"/>	<input type="checkbox"/>	CASUAL SHIRTS	<input type="checkbox"/>	<input type="checkbox"/>	GLOVES	<input type="checkbox"/>	<input type="checkbox"/>	TIES
<input type="checkbox"/>	<input type="checkbox"/>	JEANS	<input type="checkbox"/>	<input type="checkbox"/>	SCARVES	<input type="checkbox"/>	<input type="checkbox"/>	JEWELRY
<input type="checkbox"/>	<input type="checkbox"/>	PANTS	<input type="checkbox"/>	<input type="checkbox"/>	UMBRELLA	<input type="checkbox"/>	<input type="checkbox"/>	PURSES
<input type="checkbox"/>	<input type="checkbox"/>	SHORTS	<input type="checkbox"/>	<input type="checkbox"/>	LAUNDRY KIT	<input type="checkbox"/>	<input type="checkbox"/>	COLLAPSIBLE TOTES
<input type="checkbox"/>	<input type="checkbox"/>	DRESSES	<input type="checkbox"/>	<input type="checkbox"/>	LAUNDRY BAG	<input type="checkbox"/>	<input type="checkbox"/>	DOCUMENT HOLDERS

TOILETRIES

<input type="checkbox"/>	<input type="checkbox"/>	TOOTHBRUSH	<input type="checkbox"/>	<input type="checkbox"/>	FACE CARE	<input type="checkbox"/>	<input type="checkbox"/>	NAIL FILE/CLIPPERS
<input type="checkbox"/>	<input type="checkbox"/>	TOOTHPASTE	<input type="checkbox"/>	<input type="checkbox"/>	SUNSCREEN	<input type="checkbox"/>	<input type="checkbox"/>	TWEEZERS
<input type="checkbox"/>	<input type="checkbox"/>	DENTAL FLOSS	<input type="checkbox"/>	<input type="checkbox"/>	MOISTURIZER	<input type="checkbox"/>	<input type="checkbox"/>	HAND SANITIZER
<input type="checkbox"/>	<input type="checkbox"/>	SOAP	<input type="checkbox"/>	<input type="checkbox"/>	CONTACT LENSES/SOLUTION	<input type="checkbox"/>	<input type="checkbox"/>	BANDAGES
<input type="checkbox"/>	<input type="checkbox"/>	DEODORANT	<input type="checkbox"/>	<input type="checkbox"/>	SHAVING SUPPLIES	<input type="checkbox"/>	<input type="checkbox"/>	FIRST-AID OINTMENT
<input type="checkbox"/>	<input type="checkbox"/>	SHAMPOO/CONDITIONER	<input type="checkbox"/>	<input type="checkbox"/>	MAKEUP	<input type="checkbox"/>	<input type="checkbox"/>	INSECT REPELLENT
<input type="checkbox"/>	<input type="checkbox"/>	BRUSH/COMB	<input type="checkbox"/>	<input type="checkbox"/>	MAKEUP REMOVER	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATIONS
<input type="checkbox"/>	<input type="checkbox"/>	HAIRSTYLING TOOLS	<input type="checkbox"/>	<input type="checkbox"/>	FEMININE-HYGIENE PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	PAIN RELIEVERS
<input type="checkbox"/>	<input type="checkbox"/>	FACE CLEANSER	<input type="checkbox"/>	<input type="checkbox"/>	BIRTH CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	VITAMINS/SUPPLEMENTS

MISC.

<input type="checkbox"/>	<input type="checkbox"/>	CELL PHONE	<input type="checkbox"/>	<input type="checkbox"/>	PLUG ADAPTOR	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY CONTACTS
<input type="checkbox"/>	<input type="checkbox"/>	LAPTOP/TABLET	<input type="checkbox"/>	<input type="checkbox"/>	BINOCULARS	<input type="checkbox"/>	<input type="checkbox"/>	CREDIT-CARD/BANK CONTACTS
<input type="checkbox"/>	<input type="checkbox"/>	ELECTRONIC CHARGERS	<input type="checkbox"/>	<input type="checkbox"/>	LIST OF MEDICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	COPIES OF PASSPORT/CREDITCARD

CARRY-ON

<input type="checkbox"/>	<input type="checkbox"/>	BOOKS OR E-BOOKS	<input type="checkbox"/>	<input type="checkbox"/>	CHANGE OF CLOTHES	<input type="checkbox"/>	<input type="checkbox"/>	CASH
<input type="checkbox"/>	<input type="checkbox"/>	VIDEO/MUSIC PLAYER	<input type="checkbox"/>	<input type="checkbox"/>	FOOD/SNACKS/GUM	<input type="checkbox"/>	<input type="checkbox"/>	CREDIT/ATM CARDS
<input type="checkbox"/>	<input type="checkbox"/>	EARBUDS/HEADPHONES	<input type="checkbox"/>	<input type="checkbox"/>	EMPTY WATER BOTTLE	<input type="checkbox"/>	<input type="checkbox"/>	INSURANCE CARDS
<input type="checkbox"/>	<input type="checkbox"/>	TRAVEL BLANKET	<input type="checkbox"/>	<input type="checkbox"/>	IN-FLIGHT MEDICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	ITINERARY
<input type="checkbox"/>	<input type="checkbox"/>	TRAVEL PILLOW	<input type="checkbox"/>	<input type="checkbox"/>	VALUABLES	<input type="checkbox"/>	<input type="checkbox"/>	MAPS/DIRECTIONS
<input type="checkbox"/>	<input type="checkbox"/>	EAR PLUGS/EYE MASK	<input type="checkbox"/>	<input type="checkbox"/>	CAMERA W/MEMORY CARD	<input type="checkbox"/>	<input type="checkbox"/>	GUIDEBOOK
<input type="checkbox"/>	<input type="checkbox"/>	TISSUES	<input type="checkbox"/>	<input type="checkbox"/>	PASSPORT/VISA/ID	<input type="checkbox"/>	<input type="checkbox"/>	ADDRESS BOOK
<input type="checkbox"/>	<input type="checkbox"/>	LIP BALM	<input type="checkbox"/>	<input type="checkbox"/>	PAPER/PEN	<input type="checkbox"/>	<input type="checkbox"/>	HOUSE/CAR KEYS