

SHOPPING LIST

CLIENT NAME:

AT HOME FAMILY, NAME & AGE:

DATE:



PLEASE TICK OFF WHAT YOU NEED!

DRY GOODS

- Biscuits
- Bread
- Breakfast Cereal
- Fresh Fruit & Veg
- Lentils
- PASTA
- Rice
- Sugar

TOILETRIES

- Deodorant
- Shampoo
- Shaving Foam/Gel
- Shower Gel
- Soap
- Toilet Paper
- Tooth Brush
- Toothpaste
- Washing Powder

TINS & JARS

- Beans
- Custard/Rice Pudding
- Fish
- Fruit
- Jam
- Macaroni
- Meat
- PASTA Sauce
- Soups
- Spaghetti
- Tomato
- Veg (Corn, Peas, Carrots)

DRINKS

- Coffee
- Tea
- Juice
- Milk

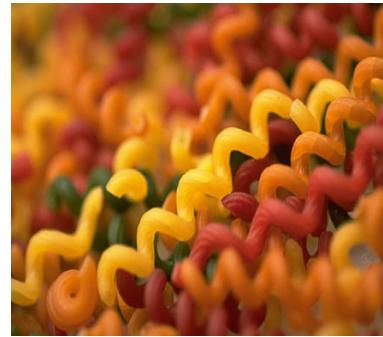
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