

Travel Journal

*go where
you feel
most
alive*

♥ ♥ ♥ ♥ ♥

TRAVEL *Bucket List*

PLACES I WANT TO VISIT:

[illegible]

TOP 3 DESTINATIONS:

THINGS I WANT TO SEE:

VACATION *Planner*

DATE OF TRIP: _____

DURATION: _____

<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"/>	_____
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<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
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<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"/>	_____

NOTES

PACKING *Check List*

DOCUMENTS

- ☐ PASSPORT
 - ☐ DRIVER'S LICENSE
 - ☐ VISA
 - ☐ PLANE TICKETS
 - ☐ LOCAL CURRENCY
 - ☐ INSURANCE CARD
 - ☐ HEALTH CARD
 - ☐ OTHER ID
 - ☐ HOTEL INFORMATION
 - ☐ _____

CLOTHING

- ☐ UNDERWEAR / SOCKS
 - ☐ SWIM WEAR
 - ☐ T-SHIRTS
 - ☐ JEANS/PANTS
 - ☐ SHORTS
 - ☐ SKIRTS / DRESSES
 - ☐ JACKET / COAT
 - ☐ SLEEPWEAR
 - ☐ SHOES
 - ☐ _____

PERSONAL ITEMS

- ☐ SHAMPOO
 - ☐ RAZORS
 - ☐ COSMETICS
 - ☐ HAIR BRUSH
 - ☐ LIP BALM
 - ☐ WATER BOTTLE
 - ☐ SOAP
 - ☐ TOOTHBRUSH
 - ☐ JEWELRY
 - ☐

ELECTRONICS

- ☐ CELL PHONE
 - ☐ CHARGER
 - ☐ LAPTOP
 - ☐ BATTERIES
 - ☐ EARPHONES
 - ☐ FLASH DRIVE
 - ☐ MEMORY CARD
 - ☐ _____
 - ☐ _____
 - ☐ _____

HEALTH & SAFETY

- ☐ HAND SANITIZER
 - ☐ SUNSCREEN
 - ☐ VITAMIN SUPPLEMENTS
 - ☐ BAND-AIDS
 - ☐ ADVIL/TYLENOL
 - ☐ CONTACTS / GLASSES
 - ☐ COLD/FLU MEDS
 - ☐ _____
 - ☐ _____
 - ☐ _____

OTHER ESSENTIALS

- [illegible]

VACATION *Planner*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

TOTAL COST: _____

TIME:

SCHEDULE:

NOTES:

TRAVEL *Information*

DESTINATION:

DATE:

PLACES TO STAY

THINGS TO SEE

WHERE TO EAT

RECOMMENDATIONS

[illegible]

FLIGHT *Information*

DATE: _____

DESTINATION: _____

AIRLINE:	
BOOKING NUMBER:	
DEPARTURE DATE:	
BOARDING TIME:	
GATE NUMBER:	
SEAT NUMBER:	
FLIGHT DURATION:	
ARRIVAL / LANDING TIME:	

DATE: _____

DESTINATION: _____

AIRLINE:	
BOOKING NUMBER:	
DEPARTURE DATE:	
BOARDING TIME:	
GATE NUMBER:	
SEAT NUMBER:	
FLIGHT DURATION:	
ARRIVAL / LANDING TIME:	

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED:

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED:

TRAVEL *Information*

HOTEL INFORMATION

NAME OF HOTEL: _____

ADDRESS: _____

PHONE NUMBER: _____

CONFIRMATION #: _____

RATE PER NIGHT: _____

FLIGHT INFORMATION

AIRLINE: _____

LOCATION: _____

FLIGHT #: _____

CHECK IN TIME: _____

DEPARTURE TIME: _____

REFERENCE #: _____

NOTES

TRAVEL *Information*

CAR RENTAL INFORMATION

COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

CONFIRMATION #: _____

TOTAL COST: _____

EVENT INFORMATION

EVENT NAME: _____

LOCATION: _____

PHONE NUMBER: _____

START TIME: _____

OTHER: _____

NOTES

TRIP TO DO *List*

<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"/>

TRIP TO DO *List*

<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"/>

OUTFIT *Planner*

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

PACKING *Check List*

DATE OF TRIP: _____

DURATION: _____

PACKING *Check List*

DATE OF TRIP: _____

DURATION: _____

TRAVEL EXPENSE *Tracker*

DESTINATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:	AMOUNT:
TOTAL EXPENSES:			

TRAVEL EXPENSE *Tracker*

DESTINATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:	AMOUNT:
TOTAL EXPENSES:			

TRAVEL *Planner*

DATE:

DAY:



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12

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6

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NOTES

REMINDERS

[illegible]

TRAVEL *Planner*

PRE-TRAVEL CHECKLIST

1 MONTH BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2 WEEKS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

1 WEEK BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2 DAYS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

24 HOURS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

DAY OF TRAVEL

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

TRAVEL *Organizer*

DAY TRAVEL *Planner*

TRAVEL *Planner*

DESTINATION:

DATES:

BUDGET:

WEATHER:

CURRENCY EXCHANGE:

ACCOMODATION OVERVIEW

NAME:	LOCATION:	DATE:	ADDRESS:

NOTES & TRAVEL DETAILS

DAILY TRAVEL *Planner*

MON

TUE

WED

THU

DAILY TRAVEL *Planner*

FRI

SAT

SUN



TRAVEL EXPENSE *Tracker*

TRIP DURATION: _____ BUDGET GOAL: _____

[illegible]

Let's go
travel

TRAVEL *Itinerary*

DESTINATION:

DATE:

MON

TUE

WED

THU

FRI

SAT

SUN

TRAVEL *Tracker*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

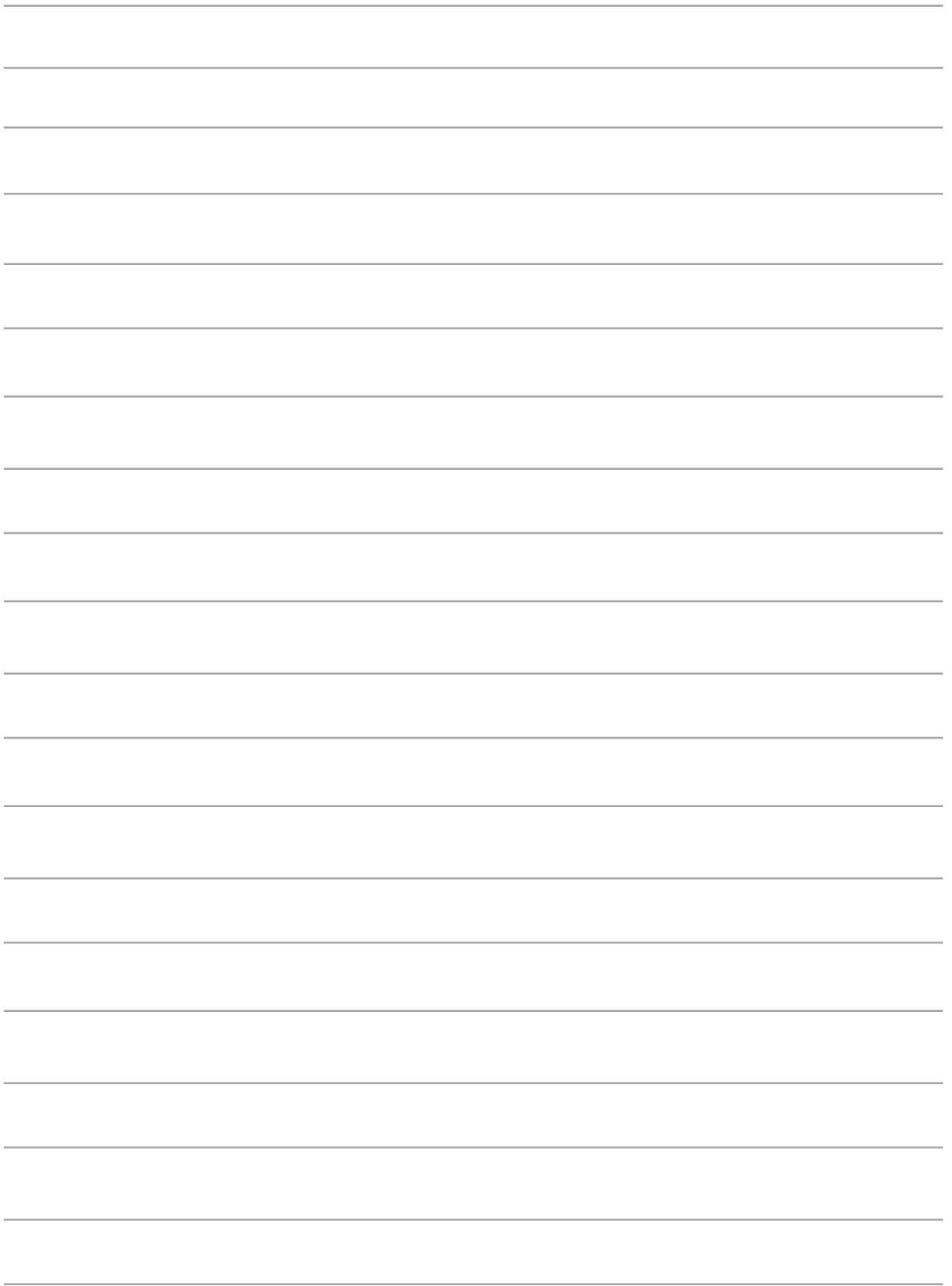
TOTAL COST: _____

TIME:

SCHEDULE:

NOTES:

- Bon -
Voyage -



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Time
for
Travel

[illegible]

[illegible]

VACATION *Planner*

DATE OF TRIP: _____

DURATION: _____

<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"/>	_____
<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"/>	_____

NOTES

TRAVEL *Bucket List*

PLACES I WANT TO VISIT:

[illegible]

TOP 3 DESTINATIONS:

THINGS I WANT TO SEE:

VACATION *Planner*

DATE OF TRIP: _____

DURATION: _____

<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"/>	_____
<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"/>	_____

NOTES

PACKING *Check List*

DOCUMENTS

- ☐ PASSPORT
 - ☐ DRIVER'S LICENSE
 - ☐ VISA
 - ☐ PLANE TICKETS
 - ☐ LOCAL CURRENCY
 - ☐ INSURANCE CARD
 - ☐ HEALTH CARD
 - ☐ OTHER ID
 - ☐ HOTEL INFORMATION
 - ☐ _____

CLOTHING

- ☐ UNDERWEAR / SOCKS
 - ☐ SWIM WEAR
 - ☐ T-SHIRTS
 - ☐ JEANS/PANTS
 - ☐ SHORTS
 - ☐ SKIRTS / DRESSES
 - ☐ JACKET / COAT
 - ☐ SLEEPWEAR
 - ☐ SHOES
 - ☐ _____

PERSONAL ITEMS

- ☐ SHAMPOO
 - ☐ RAZORS
 - ☐ COSMETICS
 - ☐ HAIR BRUSH
 - ☐ LIP BALM
 - ☐ WATER BOTTLE
 - ☐ SOAP
 - ☐ TOOTHBRUSH
 - ☐ JEWELRY
 - ☐

ELECTRONICS

- ☐ CELL PHONE
 - ☐ CHARGER
 - ☐ LAPTOP
 - ☐ BATTERIES
 - ☐ EARPHONES
 - ☐ FLASH DRIVE
 - ☐ MEMORY CARD
 - ☐ _____
 - ☐ _____
 - ☐ _____

HEALTH & SAFETY

- ☐ HAND SANITIZER
 - ☐ SUNSCREEN
 - ☐ VITAMIN SUPPLEMENTS
 - ☐ BAND-AIDS
 - ☐ ADVIL/TYLENOL
 - ☐ CONTACTS / GLASSES
 - ☐ COLD/FLU MEDS
 - ☐ _____
 - ☐ _____
 - ☐ _____

OTHER ESSENTIALS

- [illegible]

VACATION *Planner*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

TOTAL COST: _____

TIME:

SCHEDULE:

NOTES:

TRAVEL *Information*

DESTINATION:

DATE:

PLACES TO STAY

THINGS TO SEE

WHERE TO EAT

RECOMMENDATIONS

[illegible]

FLIGHT *Information*

DATE: _____

DESTINATION: _____

AIRLINE:	
BOOKING NUMBER:	
DEPARTURE DATE:	
BOARDING TIME:	
GATE NUMBER:	
SEAT NUMBER:	
FLIGHT DURATION:	
ARRIVAL / LANDING TIME:	

DATE: _____

DESTINATION: _____

AIRLINE:	
BOOKING NUMBER:	
DEPARTURE DATE:	
BOARDING TIME:	
GATE NUMBER:	
SEAT NUMBER:	
FLIGHT DURATION:	
ARRIVAL / LANDING TIME:	

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED:

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED:

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED:

TRAVEL *Information*

HOTEL INFORMATION

NAME OF HOTEL: _____

ADDRESS: _____

PHONE NUMBER: _____

CONFIRMATION #: _____

RATE PER NIGHT: _____

FLIGHT INFORMATION

AIRLINE: _____

LOCATION: _____

FLIGHT #: _____

CHECK IN TIME: _____

DEPARTURE TIME: _____

REFERENCE #: _____

NOTES

TRAVEL *Information*

CAR RENTAL INFORMATION

COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

CONFIRMATION #: _____

TOTAL COST: _____

EVENT INFORMATION

EVENT NAME: _____

LOCATION: _____

PHONE NUMBER: _____

START TIME: _____

OTHER: _____

NOTES

TRIP TO DO *List*

<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"/>

TRIP TO DO *List*

<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"/>

OUTFIT *Planner*

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

PACKING *Check List*

DATE OF TRIP: _____

DURATION: _____

PACKING *Check List*

DATE OF TRIP: _____

DURATION: _____

TRAVEL EXPENSE *Tracker*

DESTINATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:	AMOUNT:
TOTAL EXPENSES:			

TRAVEL EXPENSE *Tracker*

DESTINATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:	AMOUNT:
TOTAL EXPENSES:			

TRAVEL *Planner*

DATE:

DAY:



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NOTES

REMINDERS

[illegible]

TRAVEL *Planner*

PRE-TRAVEL CHECKLIST

1 MONTH BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2 WEEKS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

1 WEEK BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2 DAYS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

24 HOURS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

DAY OF TRAVEL

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

TRAVEL *Organizer*

DAY TRAVEL *Planner*

TRAVEL *Planner*

DESTINATION:

DATES:

BUDGET:

WEATHER:

CURRENCY EXCHANGE:

ACCOMODATION OVERVIEW

NAME:	LOCATION:	DATE:	ADDRESS:

NOTES & TRAVEL DETAILS

DAILY TRAVEL *Planner*

MON

TUE

WED

THU

DAILY TRAVEL *Planner*

FRI

SAT

SUN



A hand-drawn illustration of a globe with the text "Let's TRAVEL! THE World" written across it. The globe is decorated with various travel-related icons: a hot air balloon, a suitcase, a camera, and a map.

TRAVEL EXPENSE *Tracker*

TRIP DURATION: _____ BUDGET GOAL: _____

[illegible]

Let's go
travel

TRAVEL *Itinerary*

DESTINATION:

DATE:

MON

TUE

WED

THU

FRI

SAT

SUN

TRAVEL *Tracker*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

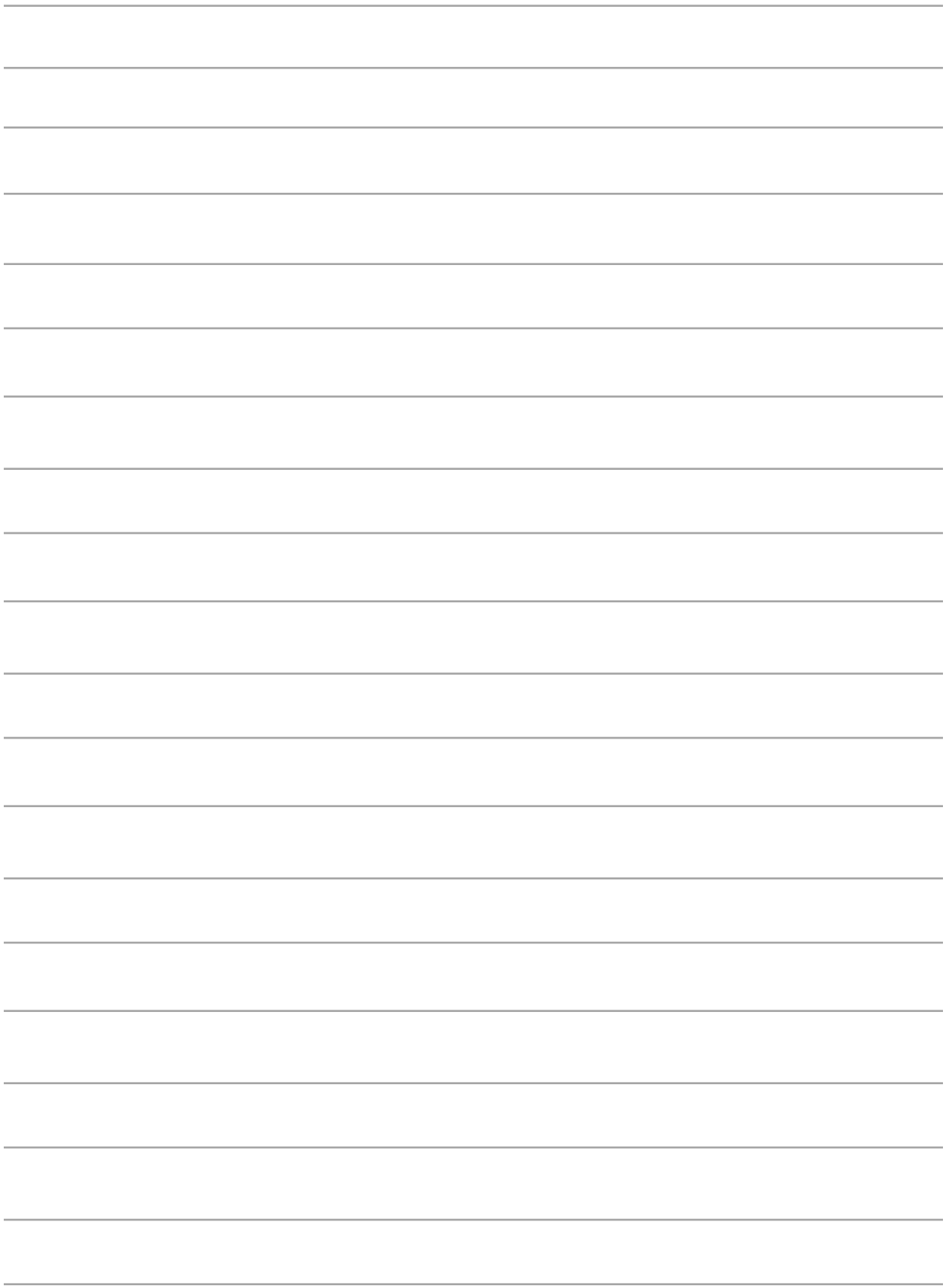
TOTAL COST: _____

TIME:

SCHEDULE:

NOTES:

- Bon -
Voyage -



Time
for
Travel



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

VACATION *Planner*

DATE OF TRIP: _____

DURATION: _____

<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"/>	_____
<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"/>	_____

NOTES

TRAVEL *Bucket List*

PLACES I WANT TO VISIT:

This image shows a blank sheet of white paper with horizontal ruling lines. On the left side, there is a vertical margin consisting of a series of small, light gray squares stacked vertically. The rest of the page is filled with horizontal lines, creating a notebook-like appearance. There are no markings or text on the page.

TOP 3 DESTINATIONS:

THINGS I WANT TO SEE:

VACATION *Planner*

DATE OF TRIP: _____

DURATION: _____

<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"/>	_____
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<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
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<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"/>	_____

NOTES

PACKING *Check List*

DOCUMENTS

- ☐ PASSPORT
 - ☐ DRIVER'S LICENSE
 - ☐ VISA
 - ☐ PLANE TICKETS
 - ☐ LOCAL CURRENCY
 - ☐ INSURANCE CARD
 - ☐ HEALTH CARD
 - ☐ OTHER ID
 - ☐ HOTEL INFORMATION
 - ☐ _____

CLOTHING

- ☐ UNDERWEAR / SOCKS
 - ☐ SWIM WEAR
 - ☐ T-SHIRTS
 - ☐ JEANS/PANTS
 - ☐ SHORTS
 - ☐ SKIRTS / DRESSES
 - ☐ JACKET / COAT
 - ☐ SLEEPWEAR
 - ☐ SHOES
 - ☐ _____

PERSONAL ITEMS

- ☐ SHAMPOO
 - ☐ RAZORS
 - ☐ COSMETICS
 - ☐ HAIR BRUSH
 - ☐ LIP BALM
 - ☐ WATER BOTTLE
 - ☐ SOAP
 - ☐ TOOTHBRUSH
 - ☐ JEWELRY
 - ☐

ELECTRONICS

- ☐ CELL PHONE
 - ☐ CHARGER
 - ☐ LAPTOP
 - ☐ BATTERIES
 - ☐ EARPHONES
 - ☐ FLASH DRIVE
 - ☐ MEMORY CARD
 - ☐ _____
 - ☐ _____
 - ☐ _____

HEALTH & SAFETY

- ☐ HAND SANITIZER
 - ☐ SUNSCREEN
 - ☐ VITAMIN SUPPLEMENTS
 - ☐ BAND-AIDS
 - ☐ ADVIL/TYLENOL
 - ☐ CONTACTS / GLASSES
 - ☐ COLD/FLU MEDS
 - ☐ _____
 - ☐ _____
 - ☐ _____

OTHER ESSENTIALS

- [illegible]

VACATION *Planner*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

TOTAL COST: _____

TIME:

SCHEDULE:

NOTES:

TRAVEL *Information*

DESTINATION:

DATE:

PLACES TO STAY

THINGS TO SEE

WHERE TO EAT

RECOMMENDATIONS

[illegible]

FLIGHT *Information*

DATE: _____

DESTINATION: _____

AIRLINE:	
BOOKING NUMBER:	
DEPARTURE DATE:	
BOARDING TIME:	
GATE NUMBER:	
SEAT NUMBER:	
FLIGHT DURATION:	
ARRIVAL / LANDING TIME:	

DATE: _____

DESTINATION: _____

AIRLINE:	
BOOKING NUMBER:	
DEPARTURE DATE:	
BOARDING TIME:	
GATE NUMBER:	
SEAT NUMBER:	
FLIGHT DURATION:	
ARRIVAL / LANDING TIME:	

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED:

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED:

TRIP BUDGET *Planner*

DESTINATION: _____

AMOUNT NEEDED: _____

OUR GOAL DATE:

DEPOSIT TRACKER

AMOUNT DEPOSITED:

DATE DEPOSITED:

TRAVEL *Information*

HOTEL INFORMATION

NAME OF HOTEL: _____

ADDRESS: _____

PHONE NUMBER: _____

CONFIRMATION #: _____

RATE PER NIGHT: _____

FLIGHT INFORMATION

AIRLINE: _____

LOCATION: _____

FLIGHT #: _____

CHECK IN TIME: _____

DEPARTURE TIME: _____

REFERENCE #: _____

NOTES

TRAVEL *Information*

CAR RENTAL INFORMATION

COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

CONFIRMATION #: _____

TOTAL COST: _____

EVENT INFORMATION

EVENT NAME: _____

LOCATION: _____

PHONE NUMBER: _____

START TIME: _____

OTHER: _____

NOTES

TRIP TO DO *List*

<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"/>

TRIP TO DO *List*

<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"/>

OUTFIT *Planner*

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

DAY:	DESTINATION:	PACKED: <input type="checkbox"/>
DAY:	EVENING:	
ACTIVITY: _____	_____	
OUTFIT: _____	_____	
SHOES: _____	_____	
ACC: _____	_____	

PACKING *Check List*

DATE OF TRIP: _____

DURATION: _____

PACKING *Check List*

DATE OF TRIP: _____

DURATION: _____

TRAVEL EXPENSE *Tracker*

DESTINATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:	AMOUNT:
TOTAL EXPENSES:			

TRAVEL EXPENSE *Tracker*

DESTINATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:	AMOUNT:
TOTAL EXPENSES:			

TRAVEL *Planner*

DATE:

DAY:



6

7

8

9

10

11

12

1

2

3

4

5

6

7

8

9

10

11

12

NOTES

REMINDERS

[illegible]

TRAVEL *Planner*

PRE-TRAVEL CHECKLIST

1 MONTH BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2 WEEKS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

1 WEEK BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2 DAYS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

24 HOURS BEFORE

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

DAY OF TRAVEL

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

TRAVEL *Organizer*

DATE:

LOCATION:

DATE:

LOCATION:
