

Travel Journal

*go where
you feel
most
alive*

♥ ♥ ♥ ♥ ♥

VACATION *Planner*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL COST: _____

TIME:

SCHEDULE:

TIME:	SCHEDULE:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTES:

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:	

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*

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

OUTFIT *Planner*

DAY:	DESTINATION:	PACKED:
DAY:	DAY:	EVENING:
ACTIVITY: _____		_____
OUTFIT: _____		_____
SHOES: _____		_____
ACC: _____		_____

DAY:	DESTINATION:	PACKED:
DAY:	DAY:	EVENING:
ACTIVITY: _____		_____
OUTFIT: _____		_____
SHOES: _____		_____
ACC: _____		_____

DAY:	DESTINATION:	PACKED:
DAY:	DAY:	EVENING:
ACTIVITY: _____		_____
OUTFIT: _____		_____
SHOES: _____		_____
ACC: _____		_____

TRAVEL *Planner*

DATE:

DAY:



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NOTES

REMINDERS

TRAVEL *Planner*

PRE-TRAVEL CHECKLIST

1 MONTH BEFORE

- _____
- _____
- _____
- _____
- _____

1 WEEK BEFORE

- _____
- _____
- _____
- _____
- _____

24 HOURS BEFORE

- _____
- _____
- _____
- _____
- _____

2 WEEKS BEFORE

- _____
- _____
- _____
- _____
- _____

2 DAYS BEFORE

- _____
- _____
- _____
- _____
- _____

DAY OF TRAVEL

- _____
- _____
- _____
- _____
- _____

TRAVEL *Organizer*

DATE:

LOCATION:

DATE:

LOCATION:

TRAVEL *Planner*

DESTINATION:

DATES:

BUDGET:

WEATHER:

CURRENCY EXCHANGE:

ACCOMODATION OVERVIEW

NAME:

LOCATION:

DATE:

ADDRESS:

NAME:	LOCATION:	DATE:	ADDRESS:

NOTES & TRAVEL DETAILS

DAILY TRAVEL *Planner*

MON

TUE

WED

THU

DAILY TRAVEL *Planner*

FRI

SAT

SUN



TRAVEL *Itinerary*

DESTINATION:

DATE:

MON

TUE

WED

THU

FRI

SAT

SUN

TRAVEL *Tracker*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

EXPENSES	

TOTAL COST: _____

TIME:

SCHEDULE:

TIME:	SCHEDULE:

NOTES:

Bon Voyage



VACATION *Planner*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

TOTAL COST: _____

TIME:

SCHEDULE:

NOTES:

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:	

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*

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

TRIP TO DO *List*

OUTFIT *Planner*

DAY:	DESTINATION:	PACKED:
DAY:	DAY:	EVENING:
ACTIVITY: _____		_____
OUTFIT: _____		_____
SHOES: _____		_____
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DAY:	DESTINATION:	PACKED:
DAY:	DAY:	EVENING:
ACTIVITY: _____		_____
OUTFIT: _____		_____
SHOES: _____		_____
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DAY:	DESTINATION:	PACKED:
DAY:	DAY:	EVENING:
ACTIVITY: _____		_____
OUTFIT: _____		_____
SHOES: _____		_____
ACC: _____		_____

TRAVEL EXPENSE *Tracker*

DESTINATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:	AMOUNT:

TOTAL EXPENSES:

TRAVEL *Planner*

DATE:

DAY:



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TRAVEL *Planner*

PRE-TRAVEL CHECKLIST

1 MONTH BEFORE

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1 WEEK BEFORE

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24 HOURS BEFORE

- _____
- _____
- _____
- _____
- _____

2 WEEKS BEFORE

- _____
- _____
- _____
- _____
- _____

2 DAYS BEFORE

- _____
- _____
- _____
- _____
- _____

DAY OF TRAVEL

- _____
- _____
- _____
- _____
- _____

TRAVEL *Organizer*

DATE:

LOCATION:

DATE:

LOCATION:

TRAVEL *Planner*

DESTINATION:

DATES:

BUDGET:

WEATHER:

CURRENCY EXCHANGE:

ACCOMODATION OVERVIEW

NAME:

LOCATION:

DATE:

ADDRESS:

NAME:	LOCATION:	DATE:	ADDRESS:

NOTES & TRAVEL DETAILS

DAILY TRAVEL *Planner*

MON

TUE

WED

THU

DAILY TRAVEL *Planner*

FRI

SAT

SUN



TRAVEL *Itinerary*

DESTINATION:

DATE:

MON

TUE

WED

THU

FRI

SAT

SUN

TRAVEL *Tracker*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____



TOP ACTIVITIES

MEAL PLANNER

EXPENSES

EXPENSES	

TOTAL COST: _____

TIME:

SCHEDULE:

TIME:	SCHEDULE:

NOTES:

Bon Voyage



FLIGHT *Information*

DATE: _____

DESTINATION: _____

AIRLINE:	
BOOKING NUMBER:	
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BOARDING TIME:	
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SEAT NUMBER:	
FLIGHT DURATION:	
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DATE: _____

DESTINATION: _____

AIRLINE:	
BOOKING NUMBER:	
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TRAVEL *Information*

HOTEL INFORMATION

NAME OF HOTEL: _____

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TRAVEL *Information*

CAR RENTAL INFORMATION

COMPANY: _____
ADDRESS: _____

PHONE NUMBER: _____
CONFIRMATION #: _____
TOTAL COST: _____

EVENT INFORMATION

EVENT NAME: _____
LOCATION: _____
PHONE NUMBER: _____
START TIME: _____
OTHER: _____

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DAY OF TRAVEL

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TRAVEL *Organizer*

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Bon Voyage



