Travel Journal

TRAVEL *Bucket List*

PLACES I WANT TO VISIT:

THINGS I WANT TO SEE:

TOP 3 DESTINATIONS:

VACATION *Planner*

DATE OF TRIP: _____ DURATION: _____

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
- [ ] BANDAIDS
- [ ] ADVIL/TYLENOL
- [ ] CONTACTS / GLASSES
- [ ] COLD/FLU MEDS
- [ ] _____
- [ ] _____
- [ ] _____

OTHER ESSENTIALS

- [ ] _____
- [ ] _____
- [ ] _____
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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

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*

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TRIP TO DO *List*

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OUTFIT *Planner*

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

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:

NOTES

6

7

8

9

10

11

12

1

2

3

4

5

6

7

8

9

10

11

12

REMINDERS

TRAVEL *Journal*

TRAVEL *Planner*

PRE-TRAVEL CHECKLIST

1 MONTH BEFORE

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

2 WEEKS BEFORE

- [ ]
- [ ]
- [ ]
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- [ ]

1 WEEK BEFORE

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

2 DAYS BEFORE

- [ ]
- [ ]
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- [ ]

24 HOURS BEFORE

- [ ]
- [ ]
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DAY OF TRAVEL

- [ ]
- [ ]
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TRAVEL *Organizer*

DATE: LOCATION:

DATE: LOCATION:

DAY TRAVEL *Planner*

DATE:	ATTRACTION:

THINGS TO SEE

DATE:	ATTRACTION:

THINGS TO SEE

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

Let's
TRAVEL
THE
World

TRAVEL EXPENSE *Tracker*

TRIP DURATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:

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:

travel
is
always
a good
IDEA

Bon
Voyage

Time
for
Travel

Let's
TRAVEL
THE
World

Enjoy
every
moment

VACATION *Planner*

DATE OF TRIP: _____ DURATION: _____

NOTES

TRAVEL *Bucket List*

PLACES I WANT TO VISIT:

THINGS I WANT TO SEE:

TOP 3 DESTINATIONS:

VACATION *Planner*

DATE OF TRIP: _____ DURATION: _____

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
- [ ] BANDAIDS
- [ ] ADVIL/TYLENOL
- [ ] CONTACTS / GLASSES
- [ ] COLD/FLU MEDS
- [ ] _____
- [ ] _____
- [ ] _____

OTHER ESSENTIALS

- [ ] _____
- [ ] _____
- [ ] _____
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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

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*

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TRIP TO DO *List*

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- [ ]

OUTFIT *Planner*

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

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:

NOTES

6

7

8

9

10

11

12

1

2

3

4

5

6

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9

10

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12

REMINDERS

TRAVEL *Journal*

TRAVEL *Planner*

PRE-TRAVEL CHECKLIST

1 MONTH BEFORE

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

2 WEEKS BEFORE

- [ ]
- [ ]
- [ ]
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- [ ]

1 WEEK BEFORE

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

2 DAYS BEFORE

- [ ]
- [ ]
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- [ ]
- [ ]

24 HOURS BEFORE

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

DAY OF TRAVEL

- [ ]
- [ ]
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- [ ]
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TRAVEL *Organizer*

DATE: LOCATION:

DATE: LOCATION:

DAY TRAVEL *Planner*

DATE:	ATTRACTION:

THINGS TO SEE

DATE:	ATTRACTION:

THINGS TO SEE

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DESTINATION:	DATES:

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Let's
TRAVEL
THE
World

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TRIP DURATION: _____ BUDGET GOAL: _____

DATE:	DESCRIPTION:	CURRENCY:

Let's go
travel

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DESTINATION: DATE:

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TUE

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THU

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SAT

SUN

TRAVEL *Tracker*

DAILY ITINERARY

DATE: _____

LOCATION: _____

BUDGET: _____

TOP ACTIVITIES

MEAL PLANNER

EXPENSES

TOTAL COST: _____

TIME:	SCHEDULE:

NOTES:

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a good
IDEA

Bon
Voyage

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PERSONAL ITEMS

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ELECTRONICS

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- [ ] LAPTOP
- [ ] BATTERIES
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- [ ] FLASH DRIVE
- [ ] MEMORY CARD
- [ ] _____
- [ ] _____
- [ ] _____

HEALTH & SAFETY

- [ ] HAND SANITIZER
- [ ] SUNSCREEN
- [ ] VITAMIN SUPPLEMENTS
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- [ ] CONTACTS / GLASSES
- [ ] COLD/FLU MEDS
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OTHER ESSENTIALS

- [ ] _____
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- [ ] _____
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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

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*

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TRIP TO DO *List*

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OUTFIT *Planner*

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

DAY: DESTINATION: PACKED: ☐

DAY:

ACTIVITY:

OUTFIT:

SHOES:

ACC:

EVENING:

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:

NOTES

6

7

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10

11

12

1

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4

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REMINDERS

TRAVEL *Journal*

TRAVEL *Planner*

PRE-TRAVEL CHECKLIST

1 MONTH BEFORE

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

2 WEEKS BEFORE

- [ ]
- [ ]
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- [ ]

1 WEEK BEFORE

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2 DAYS BEFORE

- [ ]
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24 HOURS BEFORE

- [ ]
- [ ]
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DAY OF TRAVEL

- [ ]
- [ ]
- [ ]
- [ ]
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TRAVEL *Organizer*

DATE: LOCATION:

DATE: LOCATION: