

GROCERY LIST

DATE _____

<u>BAKERY</u>	<u>CEREALS</u>	<u>DELI</u>	<u>HOUSEHOLD</u>	<u>SPICES / FLAVORS</u>
<u>BAKING INGRED.</u>	<u>CLEANERS</u>	<u>DRY GOODS</u>	<u>MEAT</u>	<u>SWEETS</u>
<u>BEVERAGES</u>	<u>CONDIMENTS</u>	<u>ETHNIC FOODS</u>	<u>PAPER GOODS</u>	<u>BABY ITEMS</u>
<u>BREADS</u>	<u>CONDIMENTS</u>	<u>FROZEN FOODS</u>	<u>PRODUCE</u>	<u>PET PRODUCTS</u>
<u>CANNED GOODS</u>	<u>DAIRY</u>	<u>HEALTH / BEAUTY</u>	<u>SNACKS</u>	<u>OTHER</u>