

No Spend Challenge

Thirty days of buying only what's on your Allowed list. Write down what you skipped and watch it add up.

Who's in _____ Start date _____ End date _____ Savings goal _____

Allowed

Not allowed

Our 30 days

Check the day if nothing outside the Allowed list was bought. If something was, leave the day blank and keep going.

1	☐	2	☐	3	☐	4	☐	5	☐	6	☐
7	☐	8	☐	9	☐	10	☐	11	☐	12	☐
13	☐	14	☐	15	☐	16	☐	17	☐	18	☐
19	☐	20	☐	21	☐	22	☐	23	☐	24	☐
25	☐	26	☐	27	☐	28	☐	29	☐	30	☐

What we skipped

Date	What we wanted to buy	Amount saved

No-spend days (out of 30)

Total saved from the list

The savings go to



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