

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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