

Travel Journal

Destination(s) _____

Start Date _____ End Date _____

Miles per Day _____ Total Miles _____

Packing

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

Budget

Gas _____	Accommodations _____
Food _____	Souvenirs _____
Sights _____	Entertainment _____
Transit _____	Other _____

Itinerary

Day 1 _____

Day 2 _____

Day 3 _____

Day 4 _____

Day 5 _____

Day 6 _____

Day 7 _____

Day 8 _____