

NO-SPEND CHALLENGE TRACKER

MONTH/YEAR: _____

CHALLENGE RULES

Allowed Spends:

Forbidden Spends:

Exceptions:

SAVINGS LOG

Date	What I Didn't Buy	Amount Saved

30-DAY TRACKER

MARK EACH SUCCESSFUL NO-SPEND DAY

SUN	MON	TUE	WED	THU	FRI	SAT

NOTES & REFLECTIONS

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