

No-Spend Challenge

Start date: _____ End date: _____

The Rules

No-spend means:

- _____
- _____
- _____
- _____
- _____
- _____

Exceptions:

- _____
- _____
- _____
- _____
- _____
- _____

What I'm saving for:

- _____
- _____
- _____
- _____
- _____
- _____

Calendar

Shade each box or cross each day off as you complete the challenge.

Day 1	Day 2	Day 3	Day 4
Day 5	Day 6	Day 7	Day 8
Day 9	Day 10	Day 11	Day 12
Day 13	Day 14	Day 15	Day 16
Day 17	Day 18	Day 19	Day 20
Day 21	Day 22	Day 23	Day 24
Day 25	Day 26	Day 27	Day 28
Day 29	Day 30	Day 31	

No-Spend Challenge Review

Start date: _____ End date: _____

Number of No-spend Days

Number of Spent Days

Total Money Spent

Challenges: What roadblocks did I encounter?

- _____
- _____
- _____
- _____
- _____

Reflection: What did I learn about myself? My spending habits?

- _____
- _____
- _____
- _____
- _____

Goals: What will I improve next time?

- _____
- _____
- _____
- _____
- _____