



YOUR PERSONAL ASSISTANT,  
LIFESTYLE COORDINATOR & CONCIERGE

# Grocery List

\_\_\_\_\_ Household

	Item	Size	Quantity
<b>Produce</b>			
<b>Deli</b>			
<b>Meat &amp; Seafood</b>			
<b>Dairy</b>			
<b>Frozen Foods</b>			
<b>Snacks /Cookies</b>			



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<b>Breakfast/Breads</b>			
<b>Canned &amp; Soups</b>			
<b>Grain, Pastas &amp; Sides</b>			
<b>Condiments &amp; Spices</b>			
<b>Paper, Cleaning &amp; Laundry</b>			
<b>Beverages</b>			



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<b>Alcoholic Beverages</b>			
<b>Miscellaneous</b>			

**Notes:**  
Allergies:  
Organic:

- Preferences:
- Wash produce:
- If out of stock: substitute or find or don't get
- Unpacking preferences:
- Meal preparation:
- Chef requests: is chef purchasing food?
- Canvas Bags: