

Name _____

Date _____



SHOPPING LIST #1

GROCERY STORE

1. (✓) Check the box when you "find" each food. 2. () Write the price of the food on the blank line.

<input type="checkbox"/> carrots		\$ _____
<input type="checkbox"/> chicken		_____
<input type="checkbox"/> angel food cake		_____
<input type="checkbox"/> asparagus		_____
<input type="checkbox"/> biscuits		_____
<input type="checkbox"/> mayonnaise		_____
<input type="checkbox"/> soft drinks		_____
<input type="checkbox"/> orange juice		+ _____
TOTAL (write a check)		\$ _____