

PACKING CHECKLIST



TRIP: _____

DATE: _____

№	Items	<input checked="" type="checkbox"/>
1	Passport, visa, ID	<input type="checkbox"/>
2	Tickets for plane, train, hotel, tours	<input type="checkbox"/>
3	Copies of passport and important documents	<input type="checkbox"/>
4	Boarding pass	<input type="checkbox"/>
5	Drivers licence	<input type="checkbox"/>
6	Health insurance card	<input type="checkbox"/>
7	Foreign currency	<input type="checkbox"/>
8	Emergency cash money	<input type="checkbox"/>
9	Credit card, debit card	<input type="checkbox"/>
10	Extra wallet	<input type="checkbox"/>
11	Fanny pack/ money belt, small sized travel bag	<input type="checkbox"/>
12	Medications, pain reliever	<input type="checkbox"/>
13	First aid kit	<input type="checkbox"/>
14	Insect repellent	<input type="checkbox"/>
15	Oral Rehydration Solution (ORS)	<input type="checkbox"/>
16	Birth control, condoms	<input type="checkbox"/>
17	Vitamins	<input type="checkbox"/>
18	Hand sanitizer/desinfectant	<input type="checkbox"/>
19	Wet wipes	<input type="checkbox"/>
20	Suitcases/ backpack, carry-on	<input type="checkbox"/>

№	Items	<input checked="" type="checkbox"/>
21	Itinerary	<input type="checkbox"/>
22	Language guide	<input type="checkbox"/>
23	Maps (if you prefer paper versions)	<input type="checkbox"/>
24	Travel guide	<input type="checkbox"/>
25	Travel pillow, sleeping mask, earplugs	<input type="checkbox"/>
26	Travel locks	<input type="checkbox"/>
27	Luggage tags	<input type="checkbox"/>
28	Pens and paper	<input type="checkbox"/>
29	Snacks, drinks	<input type="checkbox"/>
30	Cellphone, charger	<input type="checkbox"/>
31	Camera bag	<input type="checkbox"/>
32	Photo camera, memorycard, charger	<input type="checkbox"/>
33	Laptop, iPad or Tablet, E-reader, chargers	<input type="checkbox"/>
34	Travel adapter and converter	<input type="checkbox"/>
35	Flashlight	<input type="checkbox"/>
36	Headphones	<input type="checkbox"/>
37	Toothbrush, paste, dental floss	<input type="checkbox"/>
38	Deodorant	<input type="checkbox"/>
39	Tweezers (not in carry-on!)	<input type="checkbox"/>
40	Soap, shampoo, conditioner	<input type="checkbox"/>

№	Items	<input checked="" type="checkbox"/>
41	Towels	<input type="checkbox"/>
42	Nailcare	<input type="checkbox"/>
43	Tissues, toilet roll	<input type="checkbox"/>
44	Feminine hygiene	<input type="checkbox"/>
45	Makeup, makeup remover	<input type="checkbox"/>
46	Shaving supplies	<input type="checkbox"/>
47	Skin products	<input type="checkbox"/>
48	Brush, comb, hairproducts, hair ties	<input type="checkbox"/>
49	Glasses, contact lenses, supplies	<input type="checkbox"/>
50	Swimsuit and big towel	<input type="checkbox"/>
51	Walking shoes	<input type="checkbox"/>
52	Sandals	<input type="checkbox"/>
53	Sunglasses	<input type="checkbox"/>
54	Hat	<input type="checkbox"/>
55	Sunscreen	<input type="checkbox"/>
56	Umbrella	<input type="checkbox"/>
57	Books, e-books, magazines	<input type="checkbox"/>
58	Underwear	<input type="checkbox"/>
59	Socks	<input type="checkbox"/>
60	Sleepwear	<input type="checkbox"/>

№	Items	<input checked="" type="checkbox"/>
61	Shirts, polos, sweaters	<input type="checkbox"/>
62	Jeans, trousers, shorts	<input type="checkbox"/>
63	Dresses, skirts	<input type="checkbox"/>
64	Shoes, sneakers	<input type="checkbox"/>
65	Jackets, coats, raincoats	<input type="checkbox"/>
66	Belts, ties	<input type="checkbox"/>
67	Scarves, hats, gloves	<input type="checkbox"/>
68		<input type="checkbox"/>
69		<input type="checkbox"/>
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