

Travel Check List

<p>Necessary Items</p> <ul style="list-style-type: none"> <input type="checkbox"/> Airline Tickets <input type="checkbox"/> Passport (with visas) <input type="checkbox"/> Vaccination certificate (if required) <input type="checkbox"/> Wallet <input type="checkbox"/> Travel Insurance <input type="checkbox"/> Identification card w/ Picture <input type="checkbox"/> Cash or travelers checks <input type="checkbox"/> Itinerary <input type="checkbox"/> Hotel confirmation <input type="checkbox"/> Rental car confirmation <input type="checkbox"/> Emergency phone numbers 	<p>Toilet Articles</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tooth brush <input type="checkbox"/> Tooth paste <input type="checkbox"/> Soap (laundry & bath) <input type="checkbox"/> Shampoo <input type="checkbox"/> Deodorant <input type="checkbox"/> Comb <input type="checkbox"/> First Aid supplies <input type="checkbox"/> Hand wipes <input type="checkbox"/> Hand Cleaner <input type="checkbox"/> Tissues <input type="checkbox"/> Q-tips <input type="checkbox"/> Cosmetics
<p>General Items</p> <ul style="list-style-type: none"> <input type="checkbox"/> Travel alarm clock <input type="checkbox"/> Plastic bags <input type="checkbox"/> Safety pins <input type="checkbox"/> Spot remover <input type="checkbox"/> Umbrella <input type="checkbox"/> Rain Coat <input type="checkbox"/> Calling cards <input type="checkbox"/> Reading materials (Books, etc.) <input type="checkbox"/> Pen and paper <input type="checkbox"/> Glasses/ Contacts/ Contact Solution & Eye Drops <input type="checkbox"/> Sun glasses <input type="checkbox"/> Needles and thread 	<p>Electronic Equipment Items</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lap top computer <input type="checkbox"/> Digital Camera <input type="checkbox"/> Memory Card <input type="checkbox"/> Battery & Charger <input type="checkbox"/> USB Cable <input type="checkbox"/> Headphones <input type="checkbox"/> International Travel Adapters
<p>Medical Needs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prescription Medications <input type="checkbox"/> OTC Medicines (Headaches, Diarrhea, Cold/Flu, etc.) <input type="checkbox"/> Lip Balm / Cold sore Medication <input type="checkbox"/> Suntan lotion / sunscreen 	<p>Other Items</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____