

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Level 1  
Up to \$10

Is the item in your budget? Circle Yes or No.  
Bonus: If no, say how much more you need.

Your Budget

How much  
more?

\$7.00

\$10.00



Yes

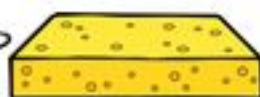


No




\$2.00

\$4.00



Yes



No




\$8.00

\$8.00



Yes



No




\$5.00

\$5.00



Yes



No




\$10.00

\$14.00



Yes



No




\$4.00

\$5.00



Yes



No




\$9.00

\$9.00



Yes



No

