BLUFF MEAT SUPPLY

Stokvel

Shopping List Planner



Stokvel Group Name: _____

Group Leader: _____

Collection Date: _____

Number of Members Sharing: _____

Product	Unit/Value	Quantity Required	Suggested Pack Size	Est. Price per Pack	Total Rand Value	Notes for Group Split

TOTAL GROUP SPEND: _____

Amount per Member (if equal split): R _____

Leader Notes / Members to Confirm Payment:

Name Confirmed? ☑ ☒ **Payment Received Date:** _____ **Amount:** _____