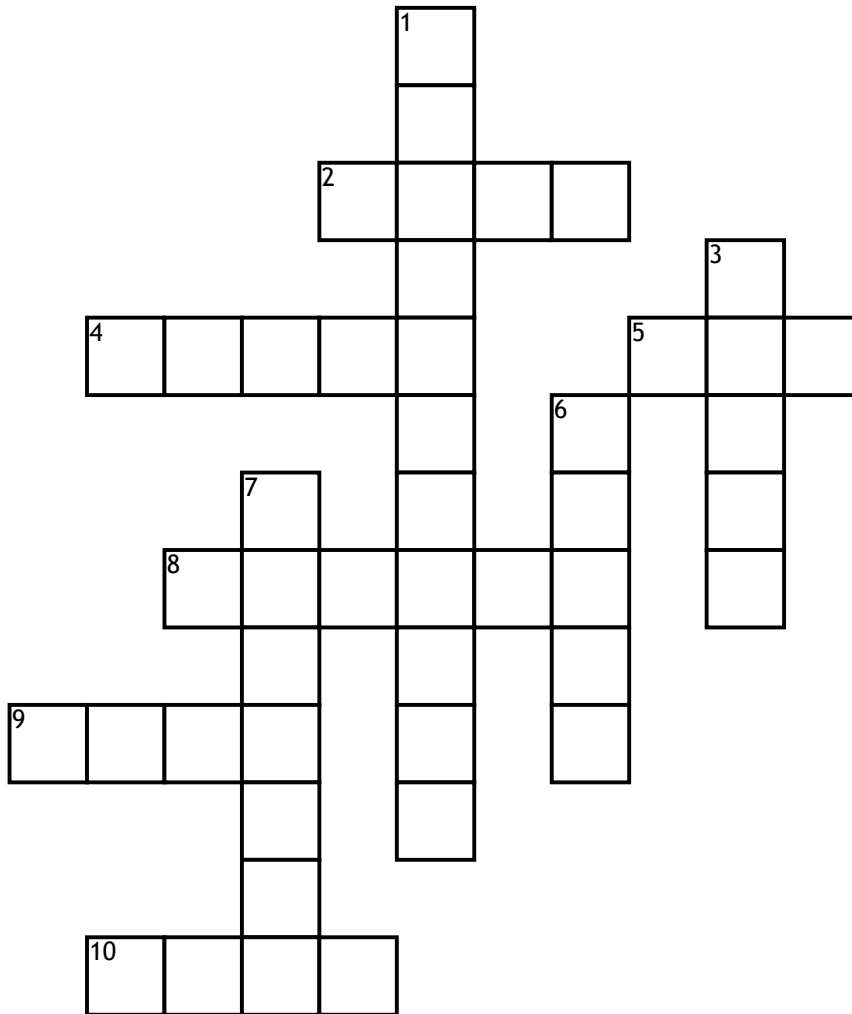Name: _____   Date: _____

Grocery Store

Across

2. A _____ of bread
4. Has numbers: 8,9,10
5. A _____ of cereal
8. A _____ of milk
9. ea
10. Helps save $

Down

1. A note with the food you need
3. lb
6. $
7. A person who takes $