

2a. **Project Meetings**

My project leader held _____ meetings/tours.	I attended _____ project meetings/tours.
<i>Topic</i>	<i>Month</i>
.....
.....
.....
.....

2b. **Work I did on my project outside of project meetings:**

.....
.....
.....

3. **School, county, district or state-wide educational 4-H or non-4-H project related activities, classes, workshops, tours, etc., that I attended this year that are not listed in Section 4:**

<i>Activity Attended</i>	<i>Topic</i>	<i>Where</i>	<i>Month</i>
.....
.....
.....

4. **Fair or public exhibits not listed above in Section 3:**
Example: county or state fair, district show, club tours, etc. (Add additional pages if needed.)

<i>Item Exhibited</i>	<i>Where Exhibited</i>	<i>Placing</i>	<i>Month</i>
.....
.....
.....

5. **Project Illustrated Talks & Demonstrations I gave at 4-H project or club meetings or at the county level:**

<i>Title</i>	<i>Where Given</i>	<i>Month</i>
.....
.....
.....

Parent's Comments (optional): _____

Member's Signature: _____ Parent's Signature: _____

4-H Beef Financial Record

1. FINANCIAL ARRANGEMENT – Explain how you pay for your 4-H project (*i.e. buying animals, feed, supplies, etc.*)

2. MANAGEMENT RECORD – Record any management practices you did this year (*i.e. breeding synchronization, A.I., deworming, foot trimming, changes in feeding program, etc.*) **Note:** Record animal drugs in Treatment Record.

3. BEGINNING INVENTORY OF BREEDING ANIMALS as of September 1st of the project year. Breeding dates are only for females of breeding age. (*attach extra sheets as necessary*)

Animal Value	I.D # / Name	Sex	D.O.B.	Breed	Breeding Date <i>(before 9/1)</i>	Date Due
\$	Total Beginning Value of Breeding Animals					

4. ENDING INVENTORY OF BREEDING ANIMALS as of August 31st of the project year. (*attach extra sheets as necessary*)

Animal Value	I.D # / Name	Sex	D.O.B.	Breed	Breeding Dates <i>(during project year)</i>	Date Due	Sex & D.O.B. of Progeny born in project year
\$	Total Ending Value of Breeding Animals						

5. TREATMENT RECORD

Treatment Date	Animal ID	Condition being treated	Estimated Weight	Treatment Given <i>(medication, amount, route of administration)</i>	Person who gave treatment	Instructed Withdrawal	Results <i>(recovered, died, etc.)</i>	Date Withdrawal Completed	If extra label or Rx, list veterinarian	Cost of medication
Total Cost of Medications:										\$

6. COST AND INCOME FROM LIVESTOCK AND PRODUCTS

Item/ID#	Date Born/Purchased	Weight	Purchase Cost/Value	Sold To	Date Sold	Weight	\$/Unit	Total Income	
(A) Total Costs:			\$	(B) Total Income:					\$

7. PROJECT EXPENSES: FEED RECORD FOR _____ OF ANIMALS

Lbs/Month	Corn		Oats	Haylage	Corn Silage	Hay	Complete Feed	Protein Supplement	Days on Pasture*	Other	Other	Other
	Shelled	Ear										
September												
October												
November												
December												
January												
February												
March												
April												
May												
June												
July												
August												
Total Lbs. of Feed:												

Feed Summary <i>(list feeds)</i>	Total Pounds	X	Cost per Pound	=	Total
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
			Total Costs of Feed:	\$	_____

* The expense of pasture is the cost to maintain it.

8. OTHER EXPENSES – Veterinary expenses, transportation, bedding, equipment purchases, entry fees, etc.

Date	Describe Action Taken	Cost
Total Other Expenses:		\$

9. OTHER PROJECT INCOME SUMMARY

Fair Premiums _____
 Total Income (6B) _____
Total Project Income: \$ _____

10. PROFIT/LOSS SUMMARY

a. Total Project Income (9) _____
 b. Total Cost of Medication (5) _____
 c. Total Purchase Costs (6A) _____
 d. Total Feed Costs (7) _____
 e. Total Other Expenses (8) _____
 f. Grand Total Project Expenses (b + c + d + e) = _____
 g. **Net Project Gain or Loss (a - f) =** _____ **\$** _____