

20__ 4-H Cat Project Worksheet Record of Expenses

Cat Food

Date Purchased	Type of food	Amount	Cost
		Total Feed Cost: (Box 1)	

Other Expenses: Bedding, litter, toys, cages, etc.

Date	Item or expense	Cost
	Total (Box 2):	

Vaccination and Medical costs

Date	Item or expense	Cost
	Total (Box 3):	

Total Expenses for 20

Total Food.....(From Box 1)_____

Total Other Expense.....(From Box 2)_____

Total Vet and Medical Expenses.....(From Box 3)_____

(Add numbers from 1, 2 & 3)

Total Expenses for 20_____