Fort Bend County Fair Association
PO Box 428
Rosenberg, TX 77471

SCRAMBLE HEIFER MONTHLY REPORT

Name: _____

Address: _____

FFA Chapter/4-H Club: _____

Name of FFA Advisor/Club Leader: _____

Heifer Name: _____ Date of Birth: _____

Breed: _____ Registration No: _____

Expense Report for the Month of _____, 2024

KIND OF EXPENSE	QUANTITY	UNIT COST $	EXTENDED COST $

TOTAL EXPENSE FOR THE MONTH: $_____

Total Expense brought forward from previous month: $_____

Total Expense to Date: $_____

Heifer Weight: _____ Date of Last Weighing: _____

Has anything unusual happened with your heifer this month?

_____

_____

_____

_____

What have you learned about raising a heifer this month?

_____

_____

_____

Reports are due on the 5th of each month. Exhibitor must provide a copy to the following:

• FORT BEND COUNTY FAIR ASSOCIATION (ORIGINAL) • SPONSOR(S) • CLUB LEADER