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| ARM-ACM-395-fillable (Rev.11/21) | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Resource Management • Bureau of Agrichemical Management  PO Box 8911 • Madison WI 53708-8911  Phone: (608) 224-4545 • Email: [DATCPcswp@Wisconsin.gov](mailto:DATCPcswp@Wisconsin.gov) | |

## Wisconsin Ag or HHW Clean Sweep Local Expense Worksheet - *Optional*

* Use this worksheet if your Clean Sweep has more local expenses than will fit on the Expense Reimbursement and Match Documentation form (*ARM-ACM-389*). You may also use your own spreadsheet or worksheet.
* **Please submit this worksheet or your own worksheet with *ARM-ACM-389*.**
* Receipts and/or invoices should be kept for a period of five years.
* Copy additional pagesas needed.

**Grant Type (check one):  Ag  HHW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **VENDOR** | **PURCHASE DATE** | **IF USED FOR MATCH, SAY “MATCH”** | **AMOUNT ($)** |
| 1. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 2. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 3. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 4. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 5.Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 6. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 7. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 8. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 9. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
| 10. Enter item | Enter vendor | Enter date | Click to enter text | Enter amount |
|  |  | **Grand Total Match** | | $ |
|  |  | **Grand Total Reimbursement** | | $ |