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| ARM-ACM-446-fillable (Rev. 6/18) | |
|  | 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) | |

**Labor Worksheet - Optional**

**Unwanted Prescription Drug Grant**

* Use this worksheet if your labor costs will not fit on the Expense Reimbursement and Match worksheet (*ARM-ACM-509*). **You may also use your own worksheet or spreadsheet.**
* **If this or other worksheets are used, submit them with your final report.**
* You may include fringe benefits into the hourly labor cost.
* Temporary collections (collections on three days or less) may only use labor as an in-kind match.
* Make additional copies if needed.

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| **NAME** | **GENERAL TASK/DESCRIPTION** | **HOURS** | **RATE** | **COST** |
| Name | Describe task | Hours | Rate | Cost |
| Name | Describe task | Hours | Rate | Cost |
| Name | Describe task | Hours | Rate | Cost |
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| **TOTAL COST** | | | | **$** Cost |