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| ARM-ACM-447-fillable(Rev. 11/21) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource Management • Bureau of Agrichemical ManagementPO Box 8911 • Madison WI 53708-8911Phone: (608) 224-4545 • Email: DATCPcswp@Wisconsin.gov  |

## Local Expense Worksheet - Optional

## Unwanted Prescription Drug Grant

* Use this worksheet if your collection has more local expenses than will fit on the Expense Reimbursement and Match worksheet (*ARM-ACM-509*). You may also use your own spreadsheet or worksheet.
* **Submit this sheet or your own worksheet with *ARM-ACM-509*.**
* Receipts and/or invoices should be kept for a period of five years.
* Copy additional pagesas needed.

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| **ITEM** | **VENDOR** | **PURCHASE DATE** | **IF USED FOR MATCH, SAY “MATCH”** | **AMOUNT** |
| 1.Click here to enter text.  | Click here to enter text. | Date | Match? | $ Amount |
| 2. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 3. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 4. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 5. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 6. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 7. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 8. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 9. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 10. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 11. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
| 12. Click here to enter text. | Click here to enter text. | Date | Match? | $ Amount |
|  |  | **Grand Total Match** | $ Amount  |
|  |  | **Grand Total Reimbursement** | $ Amount |