



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Agrichemical Management  
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### 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 form (ARM-ACM-509). You may also use your own spreadsheet or worksheet.
- **Please submit this sheet or your worksheet with ARM-ACM-509.**
- Receipts and/or invoices should be kept for a period of five years.
- Copy additional pages as needed.

ITEM	VENDOR	PURCHASE DATE	IF USED FOR MATCH, SAY "MATCH"	AMOUNT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
			<b>Grand Total Match</b>	
			<b>Grand Total Reimbursement</b>	