



OPERATOR DRINKING WATER REIMBURSEMENT FORM

PLEASE RETURN FORM TO : Lori Garza
IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY
1410 North Hilton Street, Boise, ID 83706
208-373-0122 phone - 208-373-0576 fax

THIS BOX FOR OFFICE USE ONLY:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Received all receipts |
| <input type="checkbox"/> | Two signatures |
| <input type="checkbox"/> | Meets state requirements |
| <input type="checkbox"/> | CEU requirements met |
| Checked By _____ | |

Please complete this entire form and attached W-9 form. Submit your original receipts along with both forms. Only the person/entity that originally paid will be reimbursed. Retain a copy of the forms & receipts for your files.

October 1, 2009 to September 30, 2010

Part 1 - Reimbursement

| | | |
|-------------------|--------|------|
| Operator Name: | | |
| Operator Address: | | |
| City: | State: | Zip: |
| Phone # | Email: | |
| PWS # | | |
| License # | | |

Active System Contacts
(check only the boxes that apply)

| | |
|--------------------------|--|
| <input type="checkbox"/> | Operator |
| <input type="checkbox"/> | Designated Responsible Charge Operator |

I am applying for reimbursement for a (check only the boxes that apply):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Operator License Renewal Fee (need receipt for reimbursement) |
| <input type="checkbox"/> | Training registration & manual (need receipt for reimbursement) |
| <input type="checkbox"/> | Application & Exam Fee (need receipt for reimbursement) |
| <input type="checkbox"/> | Mileage (based on state mileage chart) |
| <input type="checkbox"/> | Lodging (need itemized receipt for reimbursement) |
| <input type="checkbox"/> | Meals (based on state rates) |

Part 2 - Training

| | |
|-------------------------|-------|
| Name of Course: | _____ |
| Date of Course: | _____ |
| Course Provider Name: | _____ |
| Course Location: | _____ |
| Amount Paid for Course: | _____ |
| Amount Paid for Manual: | _____ |



Part 3 - Travel

| | |
|-----------------------------|-------|
| Number of miles(roundtrip): | _____ |
| Left (city) | _____ |
| Destination: | _____ |
| Cost of lodging: | _____ |
| Cost of meals: | _____ |
| Departure time: | _____ |
| Return time: | _____ |

| | |
|--|------------------------------|
| Partial-day | State Meal Allowances |
| Breakfast(7:00am or before & return 8:00 am or after) | \$7.50 |
| Lunch(11:00am or before & return 2:00 pm or after) | \$10.50 |
| Dinner(5:00pm or before & return 7:00 pm or after) | \$16.50 |
| Full-day reimbursement for meals is \$30.00/day | |
| Reimbursement for meals & lodging not to exceed \$100/day | |

State Mileage Rate - 45.5¢/mile

I hereby certify that the above information set out in this form is correct.

| | | | |
|--|-------|------|-------|
| Claimant's Signature | _____ | Date | _____ |
| Employer/Owner Signature (must be different from claimant) | _____ | Date | _____ |

OFFICE USE ONLY