



OPERATOR DRINKING WATER REIMBURSEMENT FORM

PLEASE RETURN FORM TO : Don Lee
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