



Water Operator Certification Training Program New Mexico Rural Water Association

Sponsored by NMED – Drinking Water Bureau



Operator Expense Reimbursement Form

Instructions

Complete the appropriate section(s) of the form and staple **original** receipts directly to this sheet. Keep a copy of this form and all receipts for your records. Ensure that your contact information is correct and legible; checks will be mailed to the address you provide below. **You must read and sign the certification statement on the reverse side of this form or this form will be rejected.** Contact the NMRWA office at 1-800-819-9893 with questions.

Contact Information

Op Name: _____ NM Op ID # or SSN: _____
System Name: _____ PWS#: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Daytime phone: _____ Email: _____

NMRWA is not responsible for lost checks due to incorrect mailing information provided on this form. Only 2 persons per eligible water system may receive reimbursement for expenses under the ERG program.

Mileage Information

Session Location & Topic: _____
Departure date: _____ Return date: _____
Your physical address: _____
Rural addresses only: Miles from home to town (one way): _____
Vehicle: _____ Year: _____ License: _____

Mileage expenses will be reimbursed at a rate of \$.40 per mile. Only 1 person may be reimbursed per vehicle, 1 round trip per session. Mileage will be calculated using map miles from the town nearest your home to the training session

Please be sure to fill out the reverse side of this form and sign the certification statement.

Refer to the **Rules for Operator Certification Expense Reimbursement Program** for more information on eligibility of expenses. These rules are available at training sessions, by calling the NMRWA office, or online: www.nmrwa.org/erg.php

Operator Expense Reimbursement Form - Page 2

Meals & Lodging

Only unsalari ed operators are eligible for reimbursement of meal and lodging expenses

Total Meal Expenses: \$ _____

You must attach your meal receipts to this form to receive reimbursement. No reimbursement will be given for missing or lost receipts. The maximum daily meal rate is \$30. You will be reimbursed for actual costs only. Meal receipts must be itemized.

Total Lodging Expenses: \$ _____

You must attach your itemized lodging receipts to this form to receive reimbursement. No reimbursement will be given for missing or lost receipts. The maximum daily lodging rate is \$85 for most areas. Your instructor will tell you if the maximum rate is higher for a special area. You will be reimbursed for actual lodging costs only.

Exam Fees

Certification Exam fees: \$ _____

Level: _____ Date: _____

You must attach your fee receipt to this form to receive reimbursement. Certification exam fees are eligible for reimbursement for both salaried and unsalaried water system operators. You may receive reimbursement for up to 3 certification exams over the course of this program.

Certification Statement

I hereby certify that

- All information provided on this form is true and correct to the best of my knowledge, and
- I am an authorized representative of an eligible public water system serving 3,300 persons or fewer, and
- Only one person per vehicle listed above is claiming any mileage expenses, and
- Only unpaid volunteer system representatives are claiming any lodging and/or meal expenses, and
- I have not been previously reimbursed for more than two certification exams under this program, and
- I have received, read, and understand the Rules for Operator Certification Expense Reimbursement Program

Signature (required) _____

Date _____

Please mail to the NMRWA address below as soon as possible. Requests not submitted in a timely manner may not be paid. Call 1-800-819-9893 for assistance.

NMRWA 3413 Carlisle Blvd NE Albuquerque, NM 87110

NMRWA USE ONLY

Miles one way _____ x 2 = _____ Total miles x \$.40 = \$ _____

Mileage expenses will be reimbursed at a rate of \$.40 per mile. **Only 1 person may be reimbursed per vehicle for 1 round trip per session.** Mileage will be calculated using map miles from the nearest town to your home to the training session

NMED Training Reference Number: **976** Meals \$ _____

Location _____ Lodging \$ _____

Session Date _____ Mileage \$ _____

NMRWA Approval _____ Exam Fee \$ _____

Date Approved _____ **Total** \$ _____

PAID CHECK NO. _____ AMOUNT PAID _____