



# Water Operator Certification Training Program New Mexico Rural Water Association

Sponsored by the NMED Drinking Water Bureau

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## 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 the form will be rejected. Contact the NMRWA office at 1-800-819-9893 with any questions or for assistance.

**Contact Info**

Name: \_\_\_\_\_ NM Oper/  
SSN: \_\_\_\_\_  
System name: \_\_\_\_\_ WSS#: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Email: \_\_\_\_\_

*NMRWA is not responsible for lost checks due to incorrect mailing information provided by students.  
Only two persons per eligible water system may receive reimbursement for expenses under this program.*

**Mileage Expenses**

Session location & topic: \_\_\_\_\_  
Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_  
Nearest town to your home: \_\_\_\_\_  
Rural addresses: Miles from your home to town (one way): \_\_\_\_\_  
Vehicle type: \_\_\_\_\_ Year: \_\_\_\_\_ License: \_\_\_\_\_

*Mileage expenses will be reimbursed at a rate of \$.32 per mile.  
Only one person may be reimbursed per vehicle, one round trip per session.  
Mileage will be calculated using map miles from the nearest town to 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 from your instructor, by calling the NMRWA office, or online at: [www.nmrwa.org/erg.php](http://www.nmrwa.org/erg.php).

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**Meals & Lodging**

**Unsalaries operators only 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 three 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 submit this form to your NMRWA instructor, or mail it to the address below as soon as possible. Requests not submitted in a timely manner may not be paid. You may also fill out this form online at [www.nmrwa.org/erg.php](http://www.nmrwa.org/erg.php). Call 1-800-819-9893 for assistance.

**NMRWA • 3413 Carlisle Blvd. NE • Albuquerque, NM 87110**

**Office Use**

Miles one way \_\_\_\_\_ x 2 = \_\_\_\_\_ Total miles x \$.32 = \$ \_\_\_\_\_

*Mileage expenses will be reimbursed at a rate of \$.32 per mile.*

*Only one person may be reimbursed per vehicle, one round trip per session.*

*Mileage will be calculated using map miles from the nearest town to your home to the training session.*

**Office Use**

NMED FOS Ref. No. \_\_\_\_\_ Meals \$ \_\_\_\_\_

Location \_\_\_\_\_ Lodging \_\_\_\_\_

Session Date \_\_\_\_\_ Mileage \_\_\_\_\_

Approved by NMRWA \_\_\_\_\_ Certification Test Fee \_\_\_\_\_

Date \_\_\_\_\_ Total Reimbursement \$ \_\_\_\_\_

**PAID BY CHECK NO.** \_\_\_\_\_ **AMOUNT PAID** \_\_\_\_\_