



OPERATOR DRINKING WATER REIMBURSEMENT FORM

PLEASE RETURN FORM TO : Don Lee
IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY
1410 North Hilton Street, Boise, ID 83706
208-373-0289 phone --- 208-373-0576 fax

THIS BOX FOR OFFICE USE ONLY:

Received all receipts
 Two signatures
 Meets state requirements
 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, 2010 to September 30, 2011

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):

- Operator License Renewal Fee (need receipt for reimbursement)
- Training registration & manual (need receipt for reimbursement)
- Application & Exam Fee (need receipt for reimbursement)
- Mileage (based on state mileage chart)
- Lodging (need itemized receipt for reimbursement)
- 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