

July 2024 to June 2025 Water System Operator Reimbursement Program Reimbursement Form

**Please complete this form to request reimbursement for training courses and/or travel costs.
A maximum of \$2,000 per fiscal year is reimbursable for cost associated with training.**

Who is requesting reimbursement? Operator City/Utility/Employer

Name of Operator:

Name of City/Utility/Employer:

Course:

A copy of the certificate of completion and receipt for course fees must be included with this form.

Name of Course Sponsor:

Name of Course:

Dates of Course:

Course Fees Paid:

Travel and Lodging (if applicable):

Note: Only in-state travel costs are eligible for reimbursement. All receipts must be included. The following are NOT reimbursable (this list is not comprehensive): per diem, rental car, parking, taxi fare, gas, mileage, etc.

Dates of Travel:

Explanation of Travel (including mode of travel, airline and flight information, hotel name, etc.):

Travel and Lodging Costs:

Total Actual Costs:

FOR DEC USE ONLY

Payable to: _____ VCN: _____

Actual Course Fee: _____ Actual Travel/Lodging Costs: _____

Reimbursable Costs:

Accounting Template: VVWDBG5 Phase: _____ VVWDWBG2 Phase: _____

Course Fee: _____ Object Code: 3000

Travel/Lodging Costs: _____ Object Code: 2010

Total Reimbursable Costs: _____

Program Approval: _____ Date: _____

Financial Approval: _____ Date: _____

Reimbursement Checklist:

- Copy of Course Completion Certificate Attached
- Copy of Course Fee Receipt Attached
- Copy of All Travel Receipts Attached, if applicable

Signature:

I hereby certify that the information provided on this form is true and complete to the best of my knowledge and belief. I further understand that I may not receive reimbursement if funding has been exhausted.

Signature of Operator or System Representative

Date

ALL REIMBURSEMENT FORMS MUST BE POSTMRKED OR SUBMITTED BY JUNE 1, 2025.

IF YOU ARE ATTENDING A TRAINING IN THE MONTH OF JUNE, YOU MUST REQUEST AN EXTENSION OF THE DEADLINE FROM THE OPERATOR CERTIFICATION PROGRAM.

Please mail this form and all the required documentation to:

Alaska Department of Environmental Conservation
P.O. Box 111800
Juneau, AK 99811-1800

Or scan this form and all the required documentation and email to:

dec.opcert@alaska.gov



Questions?

Phone: (907) 465-1139
Email: dec.opcert@alaska.gov

