

# July 2024 to June 2025 Water System Operator Reimbursement Program Utility/City 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.**

Name of City/Utility/Employer:

**Course:**

**Copies of the course completion certificates.**

Name of Course Sponsor:

Name of Course:

Dates of Course:

**Reimbursable Costs:**

**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.**

Operator Name	Explanation of Reimbursable Costs	Cost per Operator

Total Actual Costs:

**FOR DEC USE ONLY**

Payable to: \_\_\_\_\_ VCN: \_\_\_\_\_

Actual Course Fee: \_\_\_\_\_ Actual Travel/Lodging Costs: \_\_\_\_\_

**Reimbursable Costs:**

Accounting Template: VVDWBG5 Phase: \_\_\_\_\_ VVDWBG2 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.

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Signature of Operator or System Representative

Date

**ALL REIMBURSEMENT FORMS MUST BE POSTMARKED 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](mailto:dec.opcert@alaska.gov)



**Questions?**

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

