

UNSALARIED OPERATOR EXPENSE REIMBURSEMENT

**** Receipts and Signatures are Required for Reimbursement ****

Attach this form to the Application For Operator Expense Reimbursement.

Are you an "unsalaried operator" as defined by EPA? YES NO (** definition listed below*)
 * The EPA defines "unsalaried operator" as an operator who is not paid or compensated in any manner by the system owner to perform the duties and responsibilities of a certified operator. If you or one of your operators qualify as "unsalaried" please supply the following information to this office.

Name: _____ SSN# _____ / _____ / _____

Are you reimbursed by the owner to perform the duties of a small water system operator by receipt of:

CASH Yes No HOURLY WAGE Yes No
 REDUCED OR FREE RENT Yes No OTHER Yes No

If other, please explain: _____

Are you employed as an independent contractor for small water systems? Yes No

Did you or the system owner absorb the cost of lodging and/or food? YES NO

Qualified operators will be reimbursed at State per diem within State guidelines through the small system owner
 Lodging \$59.75 plus tax Breakfast \$7 per day Lunch \$9.25 per day Dinner \$15.75 per day
 Meals Yes No Claims for breakfast, lunch and dinner do not require receipts within the following guidelines: Breakfast - departure before 6 am Lunch - departure before 12 noon Dinner - return after 8 pm
 Lodging accommodations Yes No ALL lodging claims require receipts.

Date of Departure: _____ Date of Return: _____

Time of Departure: _____ Time of Return: _____

Lunch per diem \$ <u>9.75</u> per day # of Lunch Meals X _____ Total Lunch Cost \$ _____ Breakfast per diem \$ <u>7.50</u> per day # of Breakfast Meals X _____ Total Breakfast Cost \$ _____ Dinner per diem \$ <u>16.75</u> per day # of Dinner Meals X _____ Total Dinner Cost \$ _____	(Lodging rate cannot exceed State rate) Room Rate per night plus tax \$ _____ Total number of nights lodging X _____ TOTAL LODGING AMOUNT \$ _____ Add totals for the reimbursement amount. TOTAL LODGING AMT \$ _____ TOTAL BREAKFAST AMT \$ _____ TOTAL LUNCH AMT \$ _____ TOTAL DINNER AMT \$ _____ REIMBURSEMENT AMT \$ _____
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Statement of Small Water Systems Owner/Supervisor PWS 7 Digit ID# _____ (The PWS ID# MUST be supplied)

I _____ hereby verify and substantiate that _____ qualifies as unsalaried as defined by EPA. This employee is NOT a paid employee and is NOT reimbursed for his/her time or actions as a certified operator.

Signature of Owner/Supervisor: _____ Date: _____

Board Use only: Unsalariated Operators Only

Approved Approved by: _____

Denied Denied by: _____

Approval Invoice Numbers:

ERG _____ UNSAL _____

Reason for Denial:

Did not meet unsalaried criteria
 Other _____

Please complete the form as requested. Meals are reimbursed at the state per diem and **do not** require receipts. Motel/hotel bills are reimbursed at the base state rate of \$63.75 **PLUS** all taxes and this **does** require a receipt. Reimbursement of Motel/hotel bills prior to 2007 will be at the state rate of \$59.75 plus all taxes. Failure to complete the Unsalariated Operator Application will result in the application not being processed.

Once the application is complete, please mail it to:

**ERG Program Administrator
ATTN: Deborah R. Soles
NCWTFOCB
Div of Environmental Health
1635 Mail Service Center
Raleigh, NC 27699**

If you have any questions or need any assistance, please feel free to e-mail:
debbie.soles@ncmail.net
or call (919) 715-2062 during regular business hours.