



**OPERATOR EXPENSE REIMBURSEMENT**  
 DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF MUNICIPAL FACILITIES  
 SFN 53274 (1-2026)

***(Please Print or Type This Form)***

Send reimbursement to: System \_\_\_\_\_ Operator \_\_\_\_\_

|  |                                   |       |
|--|-----------------------------------|-------|
| System Name <b>(required)</b> :                    | Operator Name <b>(required)</b> : |       |
| System Address:                                    | Operator Address:                 |       |
| City, State Zip:                                   | City, State Zip:                  |       |
| Event Attended:                                    |                                   |       |
| Date(s) of Event:                                  |                                   |       |
| Date of Departure:                                 | Time of Departure:                |       |
| Date of Return:                                    | Time of Return:                   |       |
| Vehicle Miles:                                     | Mileage (miles x \$0.725)         |       |
| Meal Allowance:                                    | \$                                |       |
| Lodging <b>(receipt required)</b> :                | \$                                |       |
| Registration Fee <b>(receipt required)</b> :       | \$                                |       |
| Exam Fee <b>(receipt required)</b> :               | \$                                |       |
| Miscellaneous Expenses <b>(receipt required)</b> : | \$                                |       |
| Total Expenses:                                    | \$                                |       |
| Signature:   |                                   | Date: |

**Meals reimbursed at the state rate. Lodging \$110 Max per day.** Submit a separate form for each operator and each event.

Please also attach a signed IRS W-9 Form **(Required)**

|                                       |       |
|---------------------------------------|-------|
| <b><i>For Department Use Only</i></b> |       |
| Department Approval:                  | Date: |

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF MUNICIPAL FACILITIES  
WATER OPERATOR EXPENSE REIMBURSEMENT GRANT  
(For Systems < 3,300 Population)

Allowable Expenses:

Registration Fee\*

Mileage (**one round trip per event**)

Exam Fees

Miscellaneous\*

Books, Manuals, Study Materials  
(**purchased from or approved by the Department**)

Per Diem

Meals

**\$9.00 breakfast** (must leave before 7 a.m.)

**\$14.00 noon** (gone between 11 a.m. & 1 p.m.)

**\$22.00 evening** (must leave before 5 p.m. & return after 7 p.m.)  
(receipts are not needed for meals)\*\*

(employee must be in travel status at least 4 hours for meal reimbursement)

Lodging\*

**Up to \$110.00 Maximum per day.**

**Whenever possible, state rates should be obtained for lodging.**

**If not possible, a maximum of \$110/day will be reimbursed for lodging. A receipt is required for lodging reimbursement.**

**An itemized receipt from the lodging facility is preferable.**

A reimbursement form must be submitted for each event.

Submit separate form if the operator and public water system are requesting split payment for the same event.

Do not combine events on the same form.

Mileage is limited to one vehicle per system and one round trip per event at the current federal mileage rate of \$0.725/mile. Carpooling must be implemented by each system.

**\*Receipts are required for registration fees, miscellaneous expenses, and lodging.**

\*\*If meals are included as part of the registration package, they cannot be claimed as part of the per diem.

**A signed IRS W-9 Form must be submitted with each request for reimbursement**  
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>