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| Logo  Description automatically generated | **North Carolina Department of Environmental Quality**  **Division of Water Infrastructure**  **Viable Utility Reserve Training Reimbursement Form Instructions**  **(Last modified: February 2023)** |  |

G.S. 159G-45requires that local government units (LGUs) designated as distressed complete initial education (b)(2) and continuing education related to utility management (c)(3)(b). Each LGU designated as distressed by the State Water Infrastructure Authority (Authority) and the Local Government Commission (LGC) has been awarded $2,000 for the 2021-2023 biennium.

This form provides a way to obtain reimbursement for costs related to training. Eligible costs are limited to:

* Registration for training, including on-demand and/or virtual training and in-person training, including registration for conferences related to utility management, and/or
* Mileage for travel to/from training and/or conferences.

To obtain reimbursement, please complete the following steps.

1. **Complete the following form in its entirety as described below.**

*Local Government Unit*

Provide the name of your local government unit (LGU).

*Project Number*

List the project number provide in the award e-mail.

*Contact Information*

Provide the contact information for the Authorized Representative. The Authorized Representative must be a person within your LGU who has managerial and / or financial responsibility (e.g., Mayor, Town Manager, Town Administrator, Utility Director, Finance Officer, Clerk). The Authorized Representative will need to sign the form.

*Trainee and Training Information*

For each trainee, provide the following information:

* Trainee name and title (e.g., Town Administrator, Commissioner);
* Description of the training, including the date(s) attended, the training’s location (e.g., Raleigh, NC, virtual), and a brief description of what the training entailed (please attach an agenda if applicable); and certificate(s) of completion or other confirmation.
* Type of costs for which you’re seeking reimbursement. Include invoices for training registration/tuition).

Note: Registrations cannot be reimbursed without this documentation.

For mileage, travel will be reimbursed from your headquarters (e.g., Town Hall) to/from the location of the training at a rate of $0.585 per mile.

Provide this information for each person for whom you’re seeking reimbursement. If needed, add more pages.

*Total Amount of Reimbursement Requested*

Sum up all amounts of reimbursement requested and complete the appropriate blank.

1. **Sign reimbursement form.**

The Authorized Representative must sign and date this form.

1. **Submit the reimbursement form and applicable documentation.**

Send the signed form via e-mail to [jennifer.haynie@ncdenr.gov](mailto:jennifer.haynie@ncdenr.gov) or via US Mail to 1633 Mail Service Center, Raleigh, NC, 27699-1633. Be sure to include all needed documentation as described above.

If you have any questions, please contact Jennifer Haynie at [jennifer.haynie@ncdenr.gov](mailto:jennifer.haynie@ncdenr.gov) or 919.707.9173.

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|  | | | **North Carolina Department of Environmental Quality** | | | | | | | | | | | |  | |
| **Division of Water Infrastructure** | | | | | | | | | | | |
| **Viable Utility Reserve Training Reimbursement Form** | | | | | | | | | | | |
| (Last modified: March 2022) | | | | | | | | | | | |
| **Local Government Unit:** | | | | | | |  | | | | **Project Number:** | | | |  | |
| 1. **Contact Information** | | | | | | | | | | | | | | | | |
| *Complete the information below for the Authorized Representative.* | | | | | | | | | | | | | | | | |
| Authorized Representative Name: | | | | | |  | | | | | | | | | | |
| Authorized Representative Title: | | | | | |  | | | | | | | | | | |
| Mailing Address Line 1: | | | | | |  | | | | | | | | | | |
| Mailing Address Line 2 (if applicable): | | | | | |  | | | | | | | | | | |
| City: | | | | | |  | | | | | | | | | | |
| State: | | | | | |  | | | | | | | | | | |
| Zip Code: | | | | | |  | | | | | | | | | | |
| Phone Number: | | | | | |  | | | | | | | | | | |
| E-Mail Address: | | | | | |  | | | | | | | | | | |
| 1. **Trainee and Training Information** | | | | | | | | | | | | | | | | |
| *Provide the following information related to each person for which reimbursement is requested and the type of training attended. Include extra pages if needed.* | | | | | | | | | | | | | | | | |
| **Trainee Name** | | | | | | | | | **Trainee Title** | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| **Training Specifics** | | | | | | | | | | | | | | | | |
| *Provide the following information about the training attended. In the Description, briefly describe the training and attach an agenda, certificates of completion, and any applicable invoices for registration.* | | | | | | | | | | | | | | | | |
| **Date(s)** | | **Location** | | | **Description** | | | | | | | | | **Type** | | **Cost** |
|  | |  | | |  | | | | | | | | | Mileage Reimbursement (# of Miles x $0.655) = | | $ |
| Registration | | $ |
| **Trainee Name** | | | | | | | | | | **Trainee Title** | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| **Training Specifics** | | | | | | | | | | | | | | | | |
| *Provide the following information about the training attended. In the Description, briefly describe the training and attach an agenda, certificates of completion, and any applicable invoices for registration.* | | | | | | | | | | | | | | | | |
| **Date(s)** | | **Location** | | | **Description** | | | | | | | | | **Type** | | **Cost** |
|  | |  | | |  | | | | | | | | | Mileage Reimbursement (# of Miles x $0.655) = | | $ |
| Registration | | $ |
| **Trainee Name** | | | | | | | | **Trainee Title** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **Training Specifics** | | | | | | | | | | | | | | | | |
| *Provide the following information about the training attended. In the Description, briefly describe the training and attach an agenda, certificates of completion, and any applicable invoices for registration.* | | | | | | | | | | | | | | | | |
| **Date(s)** | **Location** | | | **Description** | | | | | | | | | **Type** | | | **Cost** |
|  |  | | |  | | | | | | | | | Mileage Reimbursement (# of Miles x $0.655) = | | | $ |
| Registration | | | $ |
| **Trainee Name** | | | | | | | | **Trainee Title** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **Training Specifics** | | | | | | | | | | | | | | | | |
| *Provide the following information about the training attended. In the Description, briefly describe the training and attach an agenda, certificates of completion, and any applicable invoices for registration.* | | | | | | | | | | | | | | | | |
| **Date(s)** | **Location** | | | **Description** | | | | | | | | | **Type** | | | **Cost** |
|  |  | | |  | | | | | | | | | Mileage Reimbursement (# of Miles x $0.655) = | | | $ |
| Registration | | | $ |
| **Trainee Name** | | | | | | | | **Trainee Title** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **Training Specifics** | | | | | | | | | | | | | | | | |
| *Provide the following information about the training attended. In the Description, briefly describe the training and attach an agenda, certificates of completion, and any applicable invoices for registration.* | | | | | | | | | | | | | | | | |
| **Date(s)** | **Location** | | | **Description** | | | | | | | | | **Type** | | | **Cost** |
|  |  | | |  | | | | | | | | | Mileage Reimbursement (# of Miles x $0.655) = | | | $ |
| Registration | | | $ |
|  |  | | |  | | | | | | | | |  | | |  |
| **Trainee Name** | | | | | | | | **Trainee Title** | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| **Training Specifics** | | | | | | | | | | | | | | | | |
| *Provide the following information about the training attended. In the Description, briefly describe the training and attach an agenda, certificates of completion, and any applicable invoices for registration.* | | | | | | | | | | | | | | | | |
| **Date(s)** | **Location** | | | **Description** | | | | | | | | | **Type** | | | **Cost** |
|  |  | | |  | | | | | | | | | Mileage Reimbursement (# of Miles x $0.655) = | | | $ |
| Registration | | | $ |
| 1. **Total Amount of Reimbursement Requested** | | | | | | | | | | | | | | | |  |
| *Sum up the total amount of funding requested on this form and provide the answer below.* | | | | | | | | | | | | | | | | |
| **Total Amount of Funding Requested:** | | | | | | | | | | | | | | | | **$** |
|  | | | | | | | | | | | | | | | | |
| As the Authorized Representative, I attest that all training for which reimbursement is requested is accurate, and I have supplied all supporting documentation related to the above-mentioned training. | | | | | | | | | | | | | | | | |
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| **Authorized Representative Signature** | | | | | | | | | | | |  | **Date** | | | |
|  | | | | | | | | | | | |  |  | | | |
| **Authorized Representative Name (Typed)** | | | | | | | | | | | |  | **Title** | | | |

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| **For Office Use Only** | | |
| **Date Received** | **Date Verified** | **Date Submitted to Accounting** |
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