CPS Human Resource Services

Small Water System Operators Expense Reimbursement Grant

Operator Expense Claim

Personal Info.

Claimant's Name	Home Phone	Soc. Sec. Number	
Residence Address	City	State	Zip Code
Water System / Company Name			
System ID (7-digit Number):	Work Phone	Position	
Work Address	City	State	Zip Code

Course Info.

Course Title:	Units/Hours:	Date Completed:
Instructor's Name:	College/ Organization/CE Provider:	Phone Number:

Claim

Expense claim is for:	☐ **Coursework Costs (complete items 1-9)**	☐ **Certification Costs*** (skip items 1-9, explain in item 10)	☐ **Certification Renewal Costs*** (skip items 1-9, explain in item 10	☐ **Exam Fees*** (skip items 1-9, explain in item 10)

Expense Information (see reverse side for more spaces)

(1) Date	(2) Time		(3) Location Where Training Was Provided	(4) Transportation				(5) Course Fees* ($15 max per contact hour)	(6) Book Fees* ($150 max per class)	(7) **Total Expenses per Day (add 4b, 4c, 4d, 5 and 6)**
				Private Car $.34/mile		Expenses				
	Leave Home	Arrive Home		(4a) Miles	(4b) Amt. (4a x .34)	(4c) Tolls*	(4d) Parking*			
(8) Subtotals from Continued Page										
(9) Totals										

(10) Remarks or Details (attach original receipts)
$_____Amount of certification costs

***Original receipt is required**

Please indicate how you traveled:

☐ I was driver
Vehicle License #_____

☐ I was passenger (mileage not reimbursed)
Vehicle License #_____

I hereby certify that the above is a true account of the expenses incurred by me in accordance with the Small Water System Operators Expense Reimbursement Grant, in the services of the State of California. I understand that any misrepresentations may result in ineligibility for reimbursement or criminal charges in fraudulent cases.

Print Name of Claimant	Signature of Claimant (not valid without signature)	Date

Applicant must provide all information required on this application form. Failure to complete any portion of this application may result in delay or denial of eligibility for reimbursement.

CPS Human Resource Services
http://www.cps.ca.gov

Mail to:
CPS Human Resource Services
SWS Operators Expense Reimbursement Grant
241 Lathrop Way
Sacramento, CA 95815

CPS USE ONLY

Vendor #			
Invoice #	File # A1177		
Invoice Date:	Disb Code:	**Claimant Reimbursement**	
Reference REIMBURSEMENT		**TOTAL TO BILL DHS**	
Print Name of the Officer Approving Payment		**Signature of the Officer Approving Payment**	**Date**

***Original receipt is required**

Expense Information Continued From Front

(1) Date	(2) Time		(3) Location Where Training Was Provided	(4) Transportation				(5) Course Fees* ($15 max per contact hour)	(6) Book Fees* ($150 max per class)	(7) **Total Expenses per Day (add 4b, 4c, 4d, 5 and 6)**
				Private Car $.34/mile		Expenses				
	Leave Home	Arrive Home		(4a) Miles	(4b) Amt. (4a x .34)	(4c) Tolls*	(4d) Parking*			
Subtotals (carry over to item 8 on page 1)										

Submit Expense Claim