



**North Carolina Department of Environmental Quality  
Division of Water Infrastructure  
Viable Utility Reserve Training Grant Reimbursement Form  
(Last modified: October 2023)**



**Local Government Unit:** Town of Anytown **Project Number:** VUR-T-ARP-0000

**1. Contact Information**

*Complete the information below for the Authorized Representative*

Authorized Representative Name: Jane Doe  
 Authorized Representative Title: Mayor  
 Mailing Address 1: 123 Center Avenue  
 Mailing Address Line 2 (if applicable): Suite 101  
 City: Basenji  
 State: NC  
 Zip Code: 00000  
 Phone Number: 919-555-1234  
 E-mail Address: mayor@basenji.gov

**2. Trainees 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 1**

Trainee Name	Trainee Title
Joe Doe	Public Works Director

**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 invoice for registration. (When checking training type, use an "x".)*

Date(s)	Location	Description	Type	Cost
10/1/2023	Raleigh, NC	Went to operators conference to learn more about utility management.	<input checked="" type="checkbox"/> Mileage Reimbursement	
			45.0 miles x \$0.655 =	\$29.48
			<input checked="" type="checkbox"/> Registration	\$300.00
			<input checked="" type="checkbox"/> Other (e.g., rental car)	\$50.00
<b>Total for Trainee:</b>				<b>\$379.48</b>

**Trainee 2**

Trainee Name	Trainee Title
John Smith	Town Manager

*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 invoice for registration. (When checking training type, use an "x".)*

Date(s)	Location	Description	Type	Cost
10/1/2023	Raleigh, NC	Went to operators conference to learn more about utility management.	<input checked="" type="checkbox"/> Mileage Reimbursement	
			85.0 miles x \$0.655 =	\$55.68
			<input checked="" type="checkbox"/> Registration	\$300.00
			<input checked="" type="checkbox"/> Other (e.g., rental car)	\$50.00
<b>Total for Trainee:</b>				<b>\$405.68</b>

**Trainee 3**

Trainee Name	Trainee Title
Jane Doe	Mayor

*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 invoice for registration. (When checking training type, use an "x".)*

Date(s)	Location	Description	Type	Cost
10/22/2023	Wildland, NC	Attended BUMP training for Viable Utilities Initial Education	<input checked="" type="checkbox"/> Mileage Reimbursement	
			100.0 miles x \$0.655 =	\$65.50
			<input type="checkbox"/> Registration	
			<input type="checkbox"/> Other (e.g., rental car)	
<b>Total for Trainee:</b>				<b>\$65.50</b>

<b>Trainee 4</b>					
<b>Trainee Name</b>			<b>Trainee Title</b>		
Bill Jones			Town Clerk		
<i>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 invoice for registration. (When checking training type, use an "x".)</i>					
<b>Date(s)</b>	<b>Location</b>	<b>Description</b>	<b>Type</b>		<b>Cost</b>
10/23/2023	N/A (online)	On-Demand BUMP training		Mileage Reimbursement	
				miles x \$0.655 =	\$0.00
			x	Registration	\$77.22
				Other (e.g., rental car)	
<b>Total for Trainee:</b>					<b>\$77.22</b>
<b>Trainee 5</b>					
<b>Trainee Name</b>			<b>Trainee Title</b>		
Fred Smith			Town Clerk		
<i>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 invoice for registration. (When checking training type, use an "x".)</i>					
<b>Date(s)</b>	<b>Location</b>	<b>Description</b>	<b>Type</b>		<b>Cost</b>
11/4/2023	UNC-SOG	Attended Town Clerk School	x	Mileage Reimbursement	
			125.0	miles x \$0.655 =	\$81.88
			x	Registration	\$250.00
				Other (e.g., rental car)	
<b>Total for Trainee:</b>					<b>\$331.88</b>
<b>Trainee 6</b>					
<b>Trainee Name</b>			<b>Trainee Title</b>		
Bill Baker			Commissioner		
<i>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 invoice for registration. (When checking training type, use an "x".)</i>					
<b>Date(s)</b>	<b>Location</b>	<b>Description</b>	<b>Type</b>		<b>Cost</b>
11/8/2023	Asheville, NC	Attended NCRWA Leadership Summit		Mileage Reimbursement	
				miles x \$0.655 =	\$0.00
			x	Registration	\$215.00
			x	Other (e.g., rental car)	\$221.00
<b>Total for Trainee:</b>					<b>\$436.00</b>
<b>Total Amount of Training Grant Requested:</b>					<b>\$1,695.75</b>
<b>For Office Use Only -- Signature of Person Verifying:</b>					

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.

Jane Doe  
 Authorized Representative Signature

11/15/2023  
 Date

Jane Doe  
 Authorized Representative's Name (Typed)

Mayor  
 Title

<b>For Office Use Only</b>		
<b>Date Received</b>	<b>Date Verified</b>	<b>Date Verified and Initials of Person Verifying</b>