

**NONRECURRING CHARGE COST JUSTIFICATION**

Type of Charge: Meter Test

1. Field Expense:

A. Materials (Itemize)

_____	\$ _____
_____	_____
_____	_____

B. Labor (Time and Wage)

_____	_____
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**Total Field Expense** \$ 0.00

2. Clerical and Office Expense

A. Supplies

\$ \_\_\_\_\_

B. Labor

\_\_\_\_\_

**Total Clerical and Office Expense** \$ 0.00

3. Miscellaneous Expense

A. Transportation

\$ \_\_\_\_\_

B. Other (Itemize)

<u>Service Call / Investigation</u>	<u>55.00</u>
<u>Meter Test Labor 1.5 Hours</u>	<u>41.65</u>
_____	_____

**Total Miscellaneous Expense** \$ 96.65

**Total Nonrecurring Charge Expense** \$ 96.65

**95.00**

## NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Reconnection Charge

1. Field Expense:

A. Materials (Itemize)

<hr/>	\$ <hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. Labor (Time and Wage)

1 hr @ \$29.34/hr	<hr/>
<hr/>	29.34

<b>Total Field Expense</b>	<b>\$ <hr/></b>
	<b>29.34</b>

2. Clerical and Office Expense

A. Supplies	\$ <hr/>
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B. Labor	<hr/>
	12.70

<b>Total Clerical and Office Expense</b>	<b>\$ <hr/></b>
	<b>12.70</b>

3. Miscellaneous Expense

A. Transportation	\$ <hr/>
	16.80

B. Other (Itemize)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

<b>Total Miscellaneous Expense</b>	<b>\$ <hr/></b>
	<b>16.80</b>

<b>Total Nonrecurring Charge Expense</b>	<b>\$ <hr/></b>
	<b>58.84</b>

**55.00**

**NONRECURRING CHARGE COST JUSTIFICATION**

Type of Charge: Returned Payment Charge

1. Field Expense:

A. Materials (Itemize)

_____	\$ _____
_____	_____
_____	_____

B. Labor (Time and Wage)

_____	_____
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**Total Field Expense** \$ 0.00

2. Clerical and Office Expense

A. Supplies \$ \_\_\_\_\_

B. Labor 12.70

**Total Clerical and Office Expense** \$ 12.70

3. Miscellaneous Expense

A. Transportation \$ \_\_\_\_\_

B. Other (Itemize)

Bank Fee _____	<u>0.00</u>
_____	_____
_____	_____

**Total Miscellaneous Expense** \$ 0.00

**Total Nonrecurring Charge Expense** \$ 12.70

**12.00**

## NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Service Charge After Hours

### 1. Field Expense:

A. Materials (Itemize)

<hr/>	\$ <hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. Labor (Time and Wage)

1 hr @ \$41.65/hr	<hr/>
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<b>Total Field Expense</b>	<b>\$ <hr/> 41.65</b>
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### 2. Clerical and Office Expense

A. Supplies	\$ <hr/>
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B. Labor	<hr/>
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<b>Total Clerical and Office Expense</b>	<b>\$ <hr/> 12.70</b>
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### 3. Miscellaneous Expense

A. Transportation	\$ <hr/>
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B. Other (Itemize)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

<b>Total Miscellaneous Expense</b>	<b>\$ <hr/> 16.80</b>
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<b>Total Nonrecurring Charge Expense</b>	<b>\$ <hr/> 71.15</b>
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**70.00**

## NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Service Charge

### 1. Field Expense:

A. Materials (Itemize)

<hr/>	\$ <hr/>
<hr/>	<hr/>
<hr/>	<hr/>

B. Labor (Time and Wage)

1 hr @ \$29.34/hr	<hr/>
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<b>Total Field Expense</b>	<b>\$ <u>29.34</u></b>
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### 2. Clerical and Office Expense

A. Supplies	\$ <hr/>
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B. Labor	<hr/>
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<b>Total Clerical and Office Expense</b>	<b>\$ <u>12.70</u></b>
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### 3. Miscellaneous Expense

A. Transportation	\$ <hr/>
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B. Other (Itemize)

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

<b>Total Miscellaneous Expense</b>	<b>\$ <u>16.80</u></b>
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<b>Total Nonrecurring Charge Expense</b>	<b>\$ <u>58.84</u></b>
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**55.00**

## COST JUSTIFICATION WORKSHEET

Employee Position	Hourly Wage	Average Hourly Wage	Average Overtime Wage
<b>Operations:</b>			
General Manager (Salary)	\$ 38.47		
Assistant Manager (Salary)	\$ 26.45		
	<b>\$ 64.92</b>		0
Distribution-Full Time	\$ 19.50		
Distribution-Full Time	\$ 19.00		
Distribution-Full Time	\$ 18.00		
Distribution-Full Time	\$ 19.00		
Distribution-Full Time	\$ 19.00		
Distribution-Full Time	\$ 20.00		
Distribution-Full Time	\$ 19.00		
	<b>\$ 133.50</b>		<b>40.05</b>
<b>Total</b>	\$198.42	\$ 22.05	\$ 40.05
<b>Administration:</b>			
Billing Clerk - Full Time	\$ 18.50		
Billing Clerk - Full Time	\$ 18.50		
Billing Clerk - Full Time	\$ 18.50		
<b>Total</b>	\$ 55.50	\$ 18.50	\$ 27.75
<b>Employee Benefit Costs</b>			
<b>Benefit</b>	<b>% of Wages</b>		
Retirement	3.00		
Workers Comp	1.00		
FICA Taxes	6.20		
Medicare	1.45		
<b>Utility Responsibility</b>	<b>11.65</b>		
<b>Health Insurance</b>			
Annual Health Insurance Premium	\$ 88,542		
Divided By Test Period Hours	18,720		
Health Insurance Cost Per Hr		\$ 4.73	
<b>Benefits Calculations:</b>			
Operational		\$2.57	
Administrative		\$2.16	
<b>Average Hourly Wage w/ Benefits</b>			
Operational		\$29.34	\$41.65
Administrative		\$25.39	\$35.71