

**NONRECURRING CHARGE COST JUSTIFICATION**

Type of Charge: \_\_\_\_\_ Service Call/Investigation Charge \_\_\_\_\_

1. Field Expense:

A. Materials (Itemize)

_____	\$ _____
_____	_____
_____	_____

B. Labor (Time and Wage)

\_\_\_\_\_ Trip Charge \_\_\_\_\_ 25.00 \_\_\_\_\_

**Total Field Expense** \$ **25.00** \_\_\_\_\_

2. Clerical and Office Expense

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

B. Labor \_\_\_\_\_ 10.80 \_\_\_\_\_

**Total Clerical and Office Expense** \$ **10.80** \_\_\_\_\_

3. Miscellaneous Expense

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

B. Other (Itemize)

_____	_____
_____	_____
_____	_____

**Total Miscellaneous Expense** \$ \_\_\_\_\_

**Total Nonrecurring Charge Expense** \$ **35.80** \_\_\_\_\_