

NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Reconnection Fee/Service Charge

1. Field Expense:

A. Materials (Itemize)

_____	\$ _____
_____	_____
_____	_____

B. Labor (Time and Wage)

_____	_____
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Total Field Expense \$ _____

2. Clerical and Office Expense

A. Supplies \$ _____

B. Labor _____

Total Clerical and Office Expense \$ _____

3. Miscellaneous Expense

A. Transportation \$ _____

B. Other (Itemize)

Contractor Labor	\$60.00
_____	_____
_____	_____

Total Miscellaneous Expense \$60.00

Total Nonrecurring Charge Expense \$60.00

NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Pull Meter for Non-Payment

1. Field Expense:

A. Materials (Itemize)

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

B. Labor (Time and Wage)

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Total Field Expense	\$ <hr/>
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2. Clerical and Office Expense

A. Supplies

	\$ <hr/>
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B. Labor

	<hr/>
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Total Clerical and Office Expense	\$ <hr/>
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3. Miscellaneous Expense

A. Transportation

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

Contractor Labor	\$80.00
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Total Miscellaneous Expense	\$80.00
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Total Nonrecurring Charge Expense	\$80.00
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NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Returned Check Fee

1. Field Expense:

A. Materials (Itemize)

_____	\$ _____
_____	_____
_____	_____

B. Labor (Time and Wage)

_____	_____
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Total Field Expense \$ _____

2. Clerical and Office Expense

A. Supplies \$ _____

B. Labor \$25.00

Total Clerical and Office Expense \$25.00

3. Miscellaneous Expense

A. Transportation \$ _____

B. Other (Itemize)

_____	_____
_____	_____
_____	_____

Total Miscellaneous Expense \$ _____

Total Nonrecurring Charge Expense \$25.00

NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: Testing Meter for Accuracy Fee

1. Field Expense:

A. Materials (Itemize)

_____	\$ _____
_____	_____
_____	_____

B. Labor (Time and Wage)

_____	_____
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Total Field Expense \$ _____

2. Clerical and Office Expense

A. Supplies \$ _____

B. Labor _____

Total Clerical and Office Expense \$ _____

3. Miscellaneous Expense

A. Transportation \$ _____

B. Other (Itemize)

Dyer Meter Company	\$25.00
_____	_____
_____	_____

Total Miscellaneous Expense **\$25.00**

Total Nonrecurring Charge Expense **\$25.00**