

**NONRECURRING CHARGE COST JUSTIFICATION**

Type of 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)

		_____
		_____
		_____

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

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

USE THIS AMOUNT \$ \_\_\_\_\_