

NONRECURRING CHARGE COST JUSTIFICATION

Type of Charge: _____

1. Field Expense:

A. Materials (Itemize)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | _____ |
| _____ | _____ |

B. Labor (Time and Wage)

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|

| | |
|----------------------------|-----------------|
| Total Field Expense | \$ _____ |
|----------------------------|-----------------|

2. Clerical and Office Expense

| | |
|-------------|----------|
| A. Supplies | \$ _____ |
|-------------|----------|

| | |
|----------|-------|
| B. Labor | _____ |
|----------|-------|

| | |
|--|-----------------|
| Total Clerical and Office Expense | \$ _____ |
|--|-----------------|

3. Miscellaneous Expense

| | |
|------------------------------------|----------|
| A. Transportation 60 miles @ \$.07 | \$ _____ |
|------------------------------------|----------|

B. Other (Itemize)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|------------------------------------|-----------------|
| Total Miscellaneous Expense | \$ _____ |
|------------------------------------|-----------------|

| | |
|--|-----------------|
| Total Nonrecurring Charge Expense | \$ _____ |
|--|-----------------|