MCB CAMP LEJEUNE
INCIDENTAL FUEL REQUEST

COMPLETED BY EMD/RCRS

Printed Name/Rank: _____ Signature: _____

IFR # _____ Digital Signature: _____

UNIT IDENTIFICATION

Major Command: _____ Building: _____

Unit Name: _____ Phone Number: _____

Unit Point of Contact: _____

TANK/POD IDENTIFICATION

Tank Type: _____ Fuel Type: _____

Tank/POD Serial #: _____ Number of Gallons: _____

TRANSPORTATION AND LOCATION OF REFUELING OPERATION

Transport Vehicle Type: _____ Refueling Location: _____

Transport Vehicle Serial #: _____ Equipment Fueled: _____

CERTIFICATION

ECO/AECO: I certify that the fuel requested is required for incidental garrison operations only. Any excess fuel remaining from this request will be reported immediately to the IIMEF Fuels Officer @ 910-451-8391.

Printed Name/Rank: _____ Signature: _____

Email: _____ Date: _____

Questions/Concerns: Contact RCRS Military Liaison @ 910-451-1482