MCIEAST-MCB CAMLEJ
INCIDENTAL FUEL REQUEST

COMPLETED BY EMD

Printed Name/Rank: | Signature:

IFR # | Consecutive number if more than one request per day | 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 EMD Military Liaison @ 910-451-9660/9115

Inspection Date: