

# MCIEAST-MCB CAMLEJ

## INCIDENTAL FUEL REQUEST

### COMPLETED BY EMD

Rank/Name:

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:

Fuel Pick Up Date:

### 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

**ECC/AECC: 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 @ 910-451-9363  
E-mail to: Lejeune\_REIR@usmc.mil

Inspection Date: