**Activity:** _____ **Page 1 of:** _____

**DODAAC:** _____

**Activity Environmental Coordinator (AEC):** _____ _____
**AEC Signature**

**AEC Phone Number:** _____ **Authorized Site Number:** _____ **Date:** _____

| | | Description of Reimbursable Items and Charges | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Date** | **Description 1348 Doc No. Manifest No.** | **DLA-DS HW HERT 145604 27456 53411** | **DLA-DS NHW HERT 145602 27456 53411** | **DLA-DS UW HERT 145483 27456 53415** | **Sampling Charges** | **QTY Size & Type** | **Container Charges** | **Off-spec Fuel Charges** | **Oily Rags/Abs Charges** | **Other Charges Specify** | **Total Line Cost** |
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| | **Page 1 TOTALS:** | | | | | | | | | | |

**Page 2 Total:** _____

**Issued By HWAF:** _____ **Date:** _____ **TOTAL:** _____

HWAF REIMBURSABLE LOG

| | | Description of Reimbursable Items and Charges | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Description 1348 Doc No. Manifest No. | DLA-DS HW HERT 145604 27456 53411 | DLA-DS NHW HERT 145602 27456 53411 | DLA-DS UW HERT 135483 27456 53415 | Sampling Charges | QTY Size & Type | Container Charges | Off-spec Fuel Charges | Oily Rags/Abs Charges | Other Charges Specify | Total Line Cost |
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