



Gas-Out Nomination Form (EGASO)

Business Party Name: _____	Today's Date: _____
Market Pool Name: _____	Phone #: _____
Gas Scheduler Name: _____	

Beginning Date _____	Ending Date _____
Cycle: Timely <input type="checkbox"/>	Intraday 1 <input type="checkbox"/>
Evening <input type="checkbox"/>	Intraday 2 <input type="checkbox"/>
	Intraday 3 <input type="checkbox"/>

RECEIPT

	Rec Loc	Rec Qty	Up K	UpID
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

DELIVERY

Del Loc	Del Qty.	DN K	DN ID	Del Rank	TT	PKG ID
					Curr Business	
					Curr Business	
					Curr Business	
					Curr Business	
					Curr Business	
					Curr Business	
					Curr Business	
					Curr Business	

Email to: TSSsupport@natfuel.com, MaciokJ@natfuel.com, CzechowiczD@natfuel.com

If email is unavailable, fax to Transportation Services at (716) 857-7479

Note:
This form is for PA DMT Pools only

FOR TRANSPORTATION SERVICES USE ONLY

Appvd. By _____ Date _____