National Fuel®
Transportation Scheduling System

Gas-Out Nomination Form (EGASO)

Business Party Name: _____   Today's Date: _____

Market Pool Name: _____   Phone #: _____

Gas Scheduler Name: _____

Beginning Date_____   Ending Date_____

Cycle: Timely ☐   Intraday 1 ☐   Intraday 3 ☐

           Evening ☐   Intraday 2 ☐

RECEIPT   ## DELIVERY

	Rec Loc	Rec Qty	Up K	UpID	Del Loc	Del Qty.	DN K	DN ID	Del Rank	TT	PKG ID
1.										Curr Business	
2.										Curr Business	
3.										Curr Business	
4.										Curr Business	
5										Curr Business	
6.										Curr Business	
7.										Curr Business	
8.										Curr Business	

Email to: TSSsupport@natfuel.com and 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** _____