



National Fuel[®]
Transportation Scheduling System

Imbalance PSI Maintenance Form (EIPSI)

Business Party Name: _____ Today's Date: _____

Market Pool Name: _____ Month: _____

Gas Scheduler Name: _____ Phone #: _____

	MARKET POOL NAME	RANK	MAX. NOM. VOLUME
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Email to: TSSsupport@natfuel.com and CzechowiczD@natfuel.com

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

FOR TRANSPORTATION SERVICES USE ONLY

Appvd. By _____ Date _____