



**National Fuel**<sup>®</sup>  
Transportation Scheduling System

## Off System Gas-In Nomination Form (EOSGASI)

Business Party Name: \_\_\_\_\_

Market Pool Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Gas Scheduler Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Cycle: Timely

Intraday 1

Intraday 3

Evening

Intraday 2

### RECEIPT

	Rec Qty	Up K	Up ID	Rank
1.				N/A
2.				N/A
3.				N/A
4.				N/A
5.				N/A
6.				N/A

### DELIVERY

	Del Qty	DN K	DN ID	TT	OS IP K
				Off System	
				Off System	
				Off System	
				Off System	
				Off System	
				Off System	

Email to: [TSSsupport@natfuel.com](mailto:TSSsupport@natfuel.com) and [CzechowiczD@natfuel.com](mailto:CzechowiczD@natfuel.com)

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

**FOR TRANSPORTATION SERVICES USE ONLY**

Appvd. By \_\_\_\_\_ Date \_\_\_\_\_