



Production Pool Shortfall/Excess Form (EPPSE)

Business Party Name: _____	Today's Date: _____
Production Pool Name: _____	Month: _____
Gas Scheduler Name: _____	Eff. Date: _____
Phone #: _____	

	New	Del	Market Pool	PPS Order	PPE % (Must total 100%)
1					
2					
3					
4					
5					
6					
7					
8					

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

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

<u>FOR TRANSPORTATION SERVICES USE ONLY</u>
Appvd. By _____ Date _____