Sample Format

In-Transit Natural Gas (Pipeline)

Monthly Sales and Price Report

Month/Year: _____ **Importer/Exporter (Authorization Holder):**_____

E-Mail Address:_____ **Address:**_____

Preparer of Report:_____ **Telephone No.:**_____ **FAX No.:**_____

Gas Sales Made Pursuant to DOE Opinion and Order No._____**, under FE Docket No.**_____

Please check one: ____ **Long-Term Authorizatior** ____ **Short-Term / Blanket Authorizatior**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Origin & Final Destination Country (one country)	Transit Country	Initial Border Crossing Point	Foreign Transporter at Initial Border Crossing	U.S. Transporter at Initial Border Crossing	Final Border Crossing Point	Foreign Transporter at Final Border Crossing	U.S. Transporter at Final Border Crossing	Volume (Mcf at U.S. Border)

Send to: **The Office of Fossil Energy, Natural Gas Regulatory Activities, U.S. Dept. of Energy, FE-34, P.O. Box 4437**
Washington, D.C. 20026-4375, Attention: Yvonne Caudillo, Telephone No. (202) 586-458
Fax Number (202) 586-6050. E-Mail: yvonne.caudillo@hq.doe.gov

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