

NATURAL GAS UTILITY BILL

Account Number:

Bill Date:

Due Date:

Total Amount Due:

SERVICE ADDRESS

BILLING ADDRESS

Natural Gas Usage Detail

Meter Number	Rate Code	From Date	To Date	Previous Reading	Current Reading	Difference	Multiplier	Usage (CCF)	Therms Conversion	Total Therms
--------------	-----------	-----------	---------	------------------	-----------------	------------	------------	-------------	-------------------	--------------

Current Charges Detail

Description	Rate/Factor	Volume/Unit	Amount (\$)
Customer Charge			
Gas Commodity Charge			
Gas Distribution Charge			
Environmental Surcharge			
State/Local Taxes			
Franchise Fee			
Total Current Charges			

Account Balance Summary

Previous Balance

Payments Received (Thank You)

Balance Forward

Current Gas Charges

Total Amount Due

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Utility Provider Name

Customer Name & Address:

Account Number:
Due Date:
Total Amount Due:
Amount Enclosed:

Make checks payable to Utility Provider Name. Please write your
Account Number on the check.