



**TRANSGAS LIMITED SCHEDULE OF SERVICE**

**Customer Name:**

**Rate Code:**

**R-19.5**

**Type of Service: Associated Interruptible Receipt Transportation**

**Effective 200\_\_\_\_\_ , 09:00 Central Clock Time (CCT)**

**I. Receipt Point**

| <b>Contract #</b> | <b>Receipt Point Name</b>                               | <b>Max Day (GJ/d)</b>                 |
|-------------------|---|---------------------------------------|
|                   | As specified on the Associated Firm Schedule of Service | as authorized by TransGas Gas Control |

**II. Delivery Point**

| <b>Delivery Code</b> | <b>Delivery Point Name &amp; Location</b> | <b>Max Day (GJ/d)</b>                 |
|----------------------|---|---------------------------------------|
| 7777                 | TransGas Energy Pool                      | as authorized by TransGas Gas Control |

**III. Additional Conditions**

This Associated Interruptible Receipt Schedule of Service is associated with the Firm Schedule(s) of Service held by \_\_\_\_\_ (customer's name) \_\_\_\_\_  
Any additional conditions of Service outlined on the Firm Service Schedule of Service will apply in the same manner to this Associated Interruptible Service.