

**EXHIBIT B
MONTHLY GAS CONSUMPTION ELECTION (MGCE)
CONTRACT #**

AGENCY:
FACILITY NAME:
ADDRESS:
CONTACT NAME:
CONTACT PHONE NUMBER:
EMAIL ADDRESS:

Gas Consumption Per Month in MMBtu

	<u>Fixed</u>	<u>Index</u>	<u>Total</u>
Sep-15	0	0	0
Oct-15	0	0	0
Nov-15	0	0	0
Dec-15	0	0	0
Jan-16	0	0	0
Feb-16	0	0	0
Mar-16	0	0	0
Apr-16	0	0	0
May-16	0	0	0
Jun-16	0	0	0
Jul-16	0	0	0
Aug-16	0	0	0
TOTAL	0	0	0

	<u>Fixed</u>	<u>Index</u>	<u>Total</u>
Sep-16	0	0	0
Oct-16	0	0	0
Nov-16	0	0	0
Dec-16	0	0	0
Jan-17	0	0	0
Feb-17	0	0	0
Mar-17	0	0	0
Apr-17	0	0	0
May-17	0	0	0
Jun-17	0	0	0
Jul-17	0	0	0
Aug-17	0	0	0
TOTAL	0	0	0

Receiving Agency: _____

Title: _____

Effective Date: ___/___/___

GLO Initials: _____