



An Exelon Company

comed.com

Customer Service / Power Outage
English
1-877-4COMED1 (1-877-426-6331)

Español
1-800-95-LUCES (1-800-955-8237)

Hearing/Speech Impaired
1-800-572-5789 (TTY)

For Electric Supply Choices visit
pluginillinois.org

Your Usage Profile
13-Month Usage (Total kWh)



Electric Usage

Month	kWh
Feb-15	4680
Mar-15	4440
Apr-15	3720
May-15	3960
Jun-15	3600
Jul-15	3840
Aug-15	4560
Sep-15	3960
Oct-15	3840
Nov-15	4080
Dec-15	4200
Jan-15	5280
Feb-15	4800

Average Daily

Month Billed	kWh	Temp
Last Year	156.0	27
Last Month	155.3	37
Current Month	160.0	27

Account Number 0000000000

Name CUSTOMER NAME

Service Location SERVICE ADDRESS CITY

Phone Number 000-000-0000

Issue Date February 11, 2016

Bill Summary

Previous Balance	\$503.36
Total Payments - Thank You	\$503.36
Amount Due on February 26, 2016	\$485.86

Meter Information

Read Date	Meter Number	Load Type	Reading Type	Previous	Meter Reading Present	Difference	Multiplier X	Usage
1/12-2/11	000000000	General Service	Total kWh	513 Actual	553 Actual	40	120	4800
1/12-2/11	000000001	General Service	kW	1.11 Actual	1.19 Actual	0.08	120	9.60

Service from 1/12/2016 to 2/11/2016 - 30 Days

Commercial Demand - 0 to 100 kW

Electricity Supply Services

\$310.90

Electricity Supply Charge	4,800 kWh	X	0.05857	281.14
Transmission Services Charge	4,800 kWh	X	0.01095	52.56
Purchased Electricity Adjustment				-22.80

Delivery Services - ComEd

\$94.54

Customer Charge				17.31
Standard Metering Charge				12.38
Distribution Facilities Charge	9.60 kW	X	6.18000	59.33
IL Electricity Distribution Charge	4,800 kWh	X	0.00115	5.52

Taxes and Other

\$80.42

Environmental Cost Recovery Adj	4,800 kWh	X	0.00038	1.82
Renewable Portfolio Standard	4,800 kWh	X	0.00189	9.07
Zero Emission Standard	4,800 kWh	X	0.00195	9.36
Energy Efficiency Programs	4,800 kWh	X	0.00434	20.83
Franchise Cost	\$89.24	X	2.18900%	1.95
State Tax				15.53

(continued on next page)

Return only this portion with your check made payable to ComEd. Please write your account number on your check.



An Exelon Company

To pay by phone call 1-800-588-9477.
A convenience fee will apply.



CUSTOMER NAME
ADDRESS 1
ADDRESS 2
CITY, ST ZIP



Account Number
0000000000

Payment Amount

Please pay this
amount by 2/26/2016

\$485.86



COMED
PO BOX 6111
CAROL STREAM, IL 60197-6111

