

**STATE OF NEW JERSEY - DEPARTMENT OF THE TREASURY  
CERTIFICATION OF WAIVER FUNDING AVAILABILITY**

FY TRANSACTION				DATE			

REQUESTING AGENCY		No.	

CONTACT		INFORMATION	
Name:			
Telephone Number:			
Fax Number:			
E-Mail Address:			

FUND	ORG CODE	SUBORG	APPR UNIT	ACTIVITY CODE	OBJECT CODE	SUB-OBJ	REV SRCE	SUB-REV	PROJECT JOB NUMBER	TOTAL \$

DESCRIPTION										

NIGP COMMODITY CODE (5 DIGITS)				

TOTAL AMOUNT									

Complete items 1, 2 and 3 below from the MACS-E RQS4 screen.

1. Requesting Agency 

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(6 digits)

2. Ship To Agency / Sub 

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(6 + 3 digits)

3. Bill To Agency / Sub 

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(6 + 3 digits)

I hereby certify that funding portrayed herein is available, and all is in compliance with all regulations and procedures promulgated by the Division of Purchase and Property and the Office of Management and Budget.

\_\_\_\_\_  
Signature / Chief Agency Fiscal Officer

\_\_\_\_\_  
Date