**TRANSACTION UNDER $50,000 THRESHOLD**

**WAIVER OF INTEREST TRANSMITTAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Business Unit      | Department ID      | **Batch Type**PCL | **Contract Number**      |
| **Originating Agency**      |
| NYS Vendor ID      |
| **Payee Name**      |
| **Payee Address**      |
| **City**      | **State**      | **Zip Code**      |
| **Contract Amount**      | **Contract Period (MM/DD/YY)**      **to**       |
| **Description**Waiver of Interest |
| **Description**      |
| **Preparer’s Signature**      |
| **Preparer’s Telephone No.**      | **Preparer’s Email Address**      | **Date**      |

**Attach:** Signed Waiver of Interest, T Contracts, and Notifications

**Send to:** OSC, Bureau of Contracts, Attn: Grants Team Leader