

TRANSACTION UNDER \$50,000 THRESHOLD

WAIVER OF INTEREST TRANSMITTAL

Business Unit _____ Department ID _____

Batch Type _____ 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 _____

Preparer's Signature _____

Preparer's Telephone No. _____

Preparer's Email Address _____

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

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