

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

DATE									
FY TRANSACTION									

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

➤ For New Waivers (will be entered in NJSTART):

NJSTART Org ID _____
Refer to agency- specific code from NJStart

NJSTART Department ID _____
For entire department, use AGY

➤ For Supplemental Waivers Only (if initial waiver entered in MACS-E) :

1. Requesting Agency _____
(6 digits)

2. Ship To Agency / Sub _____
(6 + 3 digits)

3. Bill To Agency / Sub _____
(6 + 3 digits)

I hereby certify that funding portrayed herein is available, and 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