**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