APPENDIX 4

WEEKLY PAYMENT SCHEDULE FOR LOC #11:

Payment Week Number: **Week Ending Date:** **Interest Rate:**

Requisition	Third-Party Supplier	Agency:	Commodity	Amount:	Agency Sub Category/Project #:

TOTAL:

State of NJ, acting by and through
its Department of Treasury,
Office of Public Finance
Lessee

BY: _____

TITLE: Manager

DATE: