

## CERTIFICATION OF FUNDS

Contract Title: \_\_\_\_\_

**Contractor / Vendor:**  
**Authorized Representative**  
**Name & Title**

\_\_\_\_\_  
\_\_\_\_\_

**Government of Guam:**  
**Authorized Representative**  
**Name, Title & Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification of Funding Availability:**

\_\_\_\_\_  
**Certifying Officer**  
**Name & Signature**

\_\_\_\_\_  
**Date**

**Approved:**

\_\_\_\_\_  
**BENITA A. MANGLONA**  
**Director**  
**Bureau of Budget &**  
**Management Research**

**Account No.:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Document No.:** \_\_\_\_\_

**Vendor No.:** \_\_\_\_\_

**Certification Period:** \_\_\_\_\_