Attachment A –
BBMR Form CFF

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:

_____
BERTHA M. DUENAS
Director
Bureau of Budget &
Management Research

Account No.: _____

Amount: _____

Document No.: _____

Vendor No.: _____

Certification Period: _____