

STATE OF DELAWARE

AFTER THE FACT WAIVER REQUEST



To request an After the Fact Waiver please complete this form and have your Cabinet Secretary, Agency Head or Superintendent sign. After signature, please scan and submit to OMB_AfterTheFact@state.de.us.

Agency Information

*Date of Request:			
*Agency Name:			
Agency Street Address:			
Agency City Address:			
*Name of Person Requesting:			
Title of Person Requesting:			
*Email Address:			
*Phone Number:		SLC Code:	
*Vendor Name:			
*Dollar Amount:			
*Description of Items:			
*Reason for Requesting Waiver:			
*Purchase Order Number:			

(*) denotes required

The person requesting the after the fact waiver will receive follow-up communication(s).

Agency Approval

Cabinet Secretary/Agency Head/Superintendent Name:	
Cabinet Secretary/Agency Head/Superintendent Signature:	