



CITY OF BOSTON  
REQUEST FOR TRUST FUND PAYMENT

DEPARTMENT.....Division.....

**Treasury-Trust**

Boston City Hall/Room M-5  
Boston, Massachusetts 02201  
635-3414

Name and  
Address of  
Payee and/  
or Agent

[Empty rectangular box for Name and Address of Payee and/or Agent]

Please include Zip Code

VENDOR No. \_\_\_\_\_

FIN No. \_\_\_\_\_

DESCRIPTION OF GOODS AND/OR SERVICES PROVIDED:

AMOUNT

**RELEASE STATEMENT:**

Pursuant to the terms of the \_\_\_\_\_ Fund instrument and this contract with the Trustee(s) thereof, or with the City of Boston acting on behalf of the Fund, the undersigned hereby acknowledges receipt of funds indicated in the amount below as payment for the goods and/or services delivered as described above and further releases and forever discharges the City of Boston, the \_\_\_\_\_ Fund, and the Trustee(s) thereof, from any and all claims, demands, and liabilities whatsoever of every name and nature, both at law and in equity, arising from, growing out of, or in any way connected with this project agreement and contract.

X.....  
Date

X.....  
Signature and Title

— TRUST OFFICE USE ONLY —

REVIEWED BY: .....  
Authorized Official Date  
Trust Office

APPROVED BY: .....  
Collector-Treasurer Date

FUND: \_\_\_\_\_  
Acct. No.: \_\_\_\_\_

Check No. ....  
Date.....