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COMMONWEALTH OF MASSACHUSETTS

***SETTLEMENT AND RELEASE***

**[The Vendor/Contractor Must Complete Only Those Sections Preceded by an "🡪".]**

|  |  |
| --- | --- |
| **🡪Vendor/Contractor name:** | **Department Name:** |
| **🡪Contact:** | **Contact:** |
| **🡪phone:**  **🡪fax:**  **🡪e-mail:** | **phone:**  **fax:**  **e-mail:** |
| **🡪Legal address: as listed on irs W-9)** | **Legal address:** |
| The Vendor/Contractor and Department have reached agreement that performance was made by the Vendor/Contractor to or on behalf of the Department and the performance was accepted without benefit of a Contract. The performance included the following goods or services (describe in detail what was performed. Attach additional supporting documentation.): | |
| The claimed performance was made and accepted by the Department on the following dates (identify either specific dates if available or a range of dates of performance. Attach supporting documentation.): | |
| The Department and the Vendor/Contractor have agreed that the total value of the performance to be compensated under this settlement agreement and release is: $ | |
| In consideration of the settlement amount paid by the Commonwealth of Massachusetts, acting by and through the Department, the Vendor/Contractor’s authorized legal representative being of lawful age and having the authority to execute this Settlement Agreement and Release hereby releases, acquits and discharges the Commonwealth of Massachusetts, the Department and its officers and employees from any and all claims and demands of whatever nature arising out of the claimed performance and circumstances. | |
| **🡪authorized signatory for Vendor/Contractor:**  **🡪X:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Signature)**  **🡪date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Date must be handwritten at time of signature)**  **🡪name:**  **🡪title:** | authorized signatory for department:X: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signature)**  **date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Date must be handwritten at time of signature)** name:  **title:** |