



**Commonwealth of Massachusetts
SETTLEMENT AND RELEASE**

Vendor/Contractor Name		Department Name	
Vendor/Contractor Phone	Vendor/Contractor Email	Department Phone	Department Email
Vendor/Contractor Address		Department 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 Signature for Vendor/Contractor		Authorized Signature for Department	
Date		Date	
Name	Title	Name	Title

Departments are required to comply with the Office of the Comptroller Contracts Policy "[Contracts – Amendments, Suspensions and Terminations](#)" policy when using this form. The record copy of this Settlement and Release must be attached to the record copy of any related contract, or if there was no contract, to the relevant supporting documentation related to this settlement and release for records management and auditing purposes.