### Directions for Program Manager:

**FILL IN INFORMATION AS APPLICABLE AND DELETE THESE INSTRUCTIONS BEFORE SENDING**

### PO Closeout- Final Payment Acceptance and Release of Claims

### Vendor Name: *Click here to insert Vendor Name*

### Contract Number: *Click here to insert Contract Number*

### PO Number: *Click here to insert PO Number*

### Contract Title: *Click here to insert Contract Title*

Pursuant to the terms of Contract Number *Click here to insert contract number*, and in consideration of the contract value of $ *Click here to insert contract value* of which the sum of $ *Click here to insert total amount paid and accepted by the vendor* has been paid and accepted by *Click here to insert vendor’s name,* *Click here to insert company’s name* certifies that it has delivered in full all items associated with this specific purchase order in accordance with all terms of the contract and applicable laws and regulations. *Insert Vendor name* further affirms that it has delivered to the District all final drawings, if/as required, and that there are no outstanding disputes, liens, retainage or bonds remaining to be paid or released under this contract.

*Insert Vendor’s name* hereby remises, releases, and forever discharges the Government of the District of Columbia, its officers, agents, and employees from all liabilities, obligations, demands, and claims whatsoever in the law and in equity under or arising out of this contract.

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| --- | --- | --- |
| **Company Name:** |  | *Click here to Insert Vendor’s Name*  |
| **Company Address:** |  | *Click here to Insert Vendor’s Street Address 1**Click here to Insert Vendor’s Street Address 2 (if applicable)**Click here to Insert Vendor’s City, State, Zip* |
| **Signatory Name:** |  | *Click Here To Insert Signatory Name* |
| **Signatory Title:** |  | *Click Here To Insert Signatory Title* |
| **Date:** |  | *Click Here To Insert Date* |
| **Authorized Signature:** |  |  |