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

Please include Zip Code

VENDOR NO. ___________________________ FIN NO. ___________________________

DESCRIPTION OF GOODS AND/OR SERVICES PROVIDED:

<table>
<thead>
<tr>
<th>DESCRIPTION OF GOODS AND/OR SERVICES PROVIDED</th>
<th>AMOUNT</th>
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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
Signature and Title

TRUST OFFICE USE ONLY

REVIEWED BY: ___________________________ Date
Authorized Official
Trust Office

APPROVED BY: ___________________________ Date
Collector-Treasurer

FUND: ___________________________
Acct. No.: ___________________________

Check No. ___________________________
Date: ___________________________