

RELEASE OF PAYMENT FORM
Sikh Dharma of MA

Contractor's Name_____

Date:	Contractors working on Sikh Dharma Property		
PO #			
status	Describe actions taken or plan		
☐	outstanding		
☐	complete		
☐	partially complete per contract		
Attach receipts, photo or other information indicating completion			

Signature of authorized representative:

Date

Authorized amount not to exceed: _____
for parts and labor