

CONTRACTOR'S RELEASE
 ND DEPARTMENT OF COMMERCE
 WORKFORCE ENHANCEMENT GRANT
 SFN 59999 (8/11)

Business or Company Name		
Address / PO Box		
City	State	ZIP Code
Contract Number	Sum of Contract Funds Requested	

Pursuant to the terms of the above contract, we have requested the above stated sum which constitutes full payment and releases the administrator of further financial obligation under this contract.

Printed or Typed Name	Date
Title	

The information I have provided on this form is true and correct to the best of my knowledge and belief.

Contractor Signature	Date
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