

COUNTY OF SAN LUIS OBISPO

Contract Retention Release Request

Requesting Department _____ Date _____

Vendor Name _____ Vendor Number _____

PO Number _____

AUDITOR USE ONLY	Department Use		
Date of Release	I HEREBY CERTIFY that this contract retention release request and the items and amounts as therein set out are true and correct and that the amount requested is justly due.		
	Authorizing Signature _____	Date _____	
FI Document Number	Full or Partial Release?	Payment Term	Amount of Release per Document
TOTAL Release Request			