



CERTIFICATION OF DISBURSEMENT TO SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS

MDX PROCUREMENT/CONTRACT NO.: _____
 MDX WORK PROGRAM NO(S): _____
 MDX PROJECT/SERVICE TITLE: _____

PREVIOUS PERIODIC To release monthly payment for: _____
 FINAL PAYMENT Billing Period _____
 Regarding Invoice No. _____

The undersigned, hereby certifies that all Subcontractors/Subconsultants/Suppliers having interest in the Contract, unless so noted below, have received their pro rata share of all previous periodic payments, or final payment, made to date by MDX for all Work/Services, materials and/or equipment (as applicable) furnished under the Contract.

Note: The term “Subcontractor”, as used herein, shall also include persons or firms furnishing materials, Work/Services and/or equipment incorporated into the Work /Services or stockpiled in the vicinity of the Project, for which partial payment has been made by MDX and Work/Services performed under equipment-rental agreements.

EXCEPTION:

The following Subcontractor(s)/Subconsultant(s)/Supplier(s) have not been paid and a copy of the notification sent to each Subcontractor/Subconsultant/Supplier explaining the good cause why payment has been withheld is attached to this form as justification.

_____	\$ _____	_____
Subcontractor/Subconsultant	Amount Withheld	Billing Period
_____	\$ _____	_____
Subcontractor/Subconsultant	Amount Withheld	Billing Period
_____	\$ _____	_____
Subcontractor/Subconsultant	Amount Withheld	Billing Period

NOTE: MDX will NOT make any periodic or final payments to Contractor/Consultant, unless the undersigned demonstrates to MDX and the affected Subcontractors/Subconsultants/Suppliers good cause for withholding payment to the Subcontractor(s)/Subconsultant(s) and/or Supplier(s).

BY: CONTRACTOR/CONSULTANT

Legal Entity Name: _____

By: _____ Print Name & Title: _____
Authorized Signatory

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____
by _____ (name and title) of
_____ (entity), a
_____ (state) _____ (type of entity), on behalf of the
_____ (type of entity).

He/she is personally known to me or has produced _____ (type of identification) as
identification.

NOTARY PUBLIC

Name: _____
Typed, Printed or Stamped

My Commission Expires: _____

Commission No. _____

INSTRUCTIONS:

- 1) Attach documentation evidencing good cause for withholding payment(s) to Subcontractor(s)/Subconsultant(s)/Supplier(s).
- 2) Include in the list above any Subcontractor(s)/Subconsultant(s)/Supplier(s) identified during the previous billing period where payment is being withheld to date, as well as current/updated justification evidencing good cause thereto.
- 3) For Subcontractors/Subconsultants/Suppliers identified during the previous billing period under this form, where payments have been paid to date, ensure a Certificate of Partial/Final Payment, Waiver and Release form is submitted with the current invoice, and attach a copy of the applicable Certification of Disbursement form(s) acknowledging previous payment withheld.
- 4) This form is due by the tenth (10th) day of each month, as part of Contractor's/Consultant's invoice, following the first day of Work/Services performed on behalf of the Contract.
- 5) As necessary, duplication of this form may be required to ensure all Subcontractors/Subconsultants/Suppliers are accounted for as applicable, and it should be noted that a separate Certification of Disbursement form is required for each Contract.