



CERTIFICATE OF PARTIAL/FINAL PAYMENT, WAIVER AND RELEASE FROM CONTRACTOR/CONSULTANT OR SUBCONTRACTOR/SUBCONSULTANT/SUPPLIER

MDX PROCUREMENT/CONTRACT NO.: _____

MDX WORK PROGRAM NO(S).: _____

MDX PROJECT/SERVICE TITLE: _____

The undersigned, in consideration of the partial / final (**circle as applicable**) payment in the amount _____ Dollars (\$_____), the receipt of payment is hereby acknowledged, waives and releases all causes of action, rights, claims, demands, interest, damages, costs, expenses, attorneys’ fees, profits and pecuniary rights of whatever nature, known or unknown, actual or potential at the time of this waiver, directly or indirectly related to the Contract and the Project, and not already filed with Miami Dade Expressway Authority (“MDX”), which may arise to the undersigned for reasons including, but not limited to, additional monetary compensation, time, or other adjustments to the Contract, for labor, Work/Services or materials (as applicable) furnished to MDX, pertaining to the above noted Project.

Furthermore, the undersigned acknowledges receipt of the following payments by MDX:

Total paid previous month: \$ _____

Total paid this month: \$ _____

Total paid to date: \$ _____

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, whether or not payment has been received for the previous month.

CONTRACTOR/CONSULTANT OR SUBCONTRACTOR/SUBCONSULTANT/SUPPLIER

Legal Entity Name: _____

By: _____
Authorized Signatory

Print Name & Title: _____

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. _____

Distribution: original + 1 copy to MDX Project Manager

To be completed by MDX:

Total of all disbursements: \$ _____

Retainage withheld:* \$ _____

Bond withheld: \$ _____

Amount of Utilization Schedule: \$ _____

Overruns (as applicable):* * \$ _____

Underruns (as applicable):** \$ _____

* As applicable

** Include comments explaining all overruns/underruns