



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 N.W. 21 St. Miami, FL 33142

www.mdxway.com

CERTIFICATION OF DISBURSEMENT TO SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS

MDX CONTRACT NO.: _____

MDX WORK PROGRAM NO(S).: _____

MDX PROJECT/SERVICE TITLE: _____

TASK AUTHORIZATION/
WORK ORDER NO.: (if applicable) _____

PARTIAL PAYMENT 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 partial 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 at its sole discretion may withhold any partial 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).

CERTIFICATION OF DISBURSEMENT TO SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS

CONTRACTOR/CONSULTANT:

Legal Entity Name: _____

By: _____

Authorized Signatory

Title

Print Name

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) 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/Task Authorization/Work Order, as applicable.