



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

www.mdxway.com

CERTIFICATION OF DISBURSEMENT TO SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS

MDX CONTRACT NO.: _____

MDX WORK PROGRAM NO.: _____

MDX PROJECT/SERVICE TITLE: _____

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

SUBMITTED WITH 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 payments up to and including Invoice No. _____ for Invoice Period _____ made to date by MDX for all Work/Services (as applicable) furnished under the Contract.

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/Supplier	Amount Withheld	Invoice Period
_____	\$ _____	_____
Subcontractor/Subconsultant/Supplier	Amount Withheld	Invoice Period
_____	\$ _____	_____
Subcontractor/Subconsultant/Supplier	Amount Withheld	Invoice Period

This form is due as part of the Contractor's/Consultant's invoice (except the first one).

NOTE: MDX at its sole discretion may withhold any 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:

Signature: _____

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 to Subcontractors/Subconsultants/Suppliers form is required for each Contract/Task Authorization/Work Order, as applicable. Furthermore, MDX will not release payment of any invoice that does not include a properly completed Certification of Disbursement to Subcontractors/Subconsultants/ Suppliers form containing current and relevant information.



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CERTIFICATION OF DISBURSEMENT TO SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS

MDX CONTRACT NO.: _____ **(A)**

MDX WORK PROGRAM NO.: _____ **(B)**

MDX PROJECT/SERVICE TITLE: _____ **(C)**

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

SUBMITTED WITH INVOICE NO.: _____ **(E)**

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 payments up to and including Invoice No. _____ **(F)** for Invoice Period _____ **(G)** made to date by MDX for all Work/Services (as applicable) furnished under the Contract.

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.

(H) _____	\$ _____	_____
Subcontractor/Subconsultant/Supplier	Amount Withheld	Invoice Period
_____	\$ _____	_____
Subcontractor/Subconsultant/Supplier	Amount Withheld	Invoice Period
_____	\$ _____	_____
Subcontractor/Subconsultant/Supplier	Amount Withheld	Invoice Period

This form is due as part of the Contractor's/Consultant's invoice (except the first one).

NOTE: MDX at its sole discretion may withhold any 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: _____ **(I)**

By: _____ **(J)**
Authorized Signatory _____ Title _____

_____ Date _____
Print Name

STATE OF _____ **(K)**
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:

Signature: _____

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 to Subcontractors/Subconsultants/Suppliers form is required for each Contract/Task Authorization/Work Order, as applicable. Furthermore, MDX will not release payment of any invoice that does not include a properly completed Certification of Disbursement to Subcontractors/Subconsultants/ Suppliers form containing current and relevant information.



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Instructions to complete:

Certification of Disbursement to Subcontractors/Subconsultants/Suppliers

Intent:

The intent of this form is to provide MDX with a tool to track that payments have been disbursed to subcontractors/subconsultants/suppliers.

Instructions:

- A) Include MDX Procurement/Contract No. (MDX, RFP, RFQ, ITB, ITN-XX-XX, as applicable).
Example: RFP-13-01.
- B) Include Work Program Number (112XX.XXX, 836XX.XXX, 874XX.XXX, 878XX.XXX, 924XX.XXX).
Examples: 11211.051, 83608.030, 87404.060, 87801.051, 92405.030.
- C) Include Project/Service Title.
Example: Central Boulevard Reconstruction.
- D) Include MDX Task Authorization/Work Order/Purchase Order No., when applicable.
Example: RFP-13-01/FY13/TA-01.
- E) Include unique number, as assigned by Contractor/Consultant, identifying invoice submitted for payment.
- F) Include unique number, as assigned by Contractor/Consultant, identifying the invoice to which the payment has been disbursed to the subcontractors/subconsultants/suppliers.
- G) Include the month for which the invoice number corresponds to.
- H) If payment has been received by Contractor/Consultant, and at the time of submittal of invoice, payments have not been disbursed to subcontractors/subconsultants/suppliers, include an exception for ALL subcontractors/subconsultants/suppliers.

In case payment has been received and there is a justifiable reason to withhold disbursement to one or more subcontractors/subconsultants/suppliers, ALL such exceptions shall be included.
- I) Legal Name of the Prime Contractor/Consultant.
- J) Authorized Officer to contractually bind and enter into contractual arrangements and/or agreements on behalf of the company.
- K) This form must be notarized.