



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.



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

www.mdxway.com

**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.

<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">H</span> _____	\$ _____	_____
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 \_\_\_\_\_

\_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

---

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.



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

[www.mdxway.com](http://www.mdxway.com)

## **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.