



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

www.mdxway.com

**CERTIFICATE OF PARTIAL/FINAL PAYMENT, WAIVER AND RELEASE FROM
CONTRACTOR/CONSULTANT**

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 acknowledges the receipt of partial/final (**circle as applicable**) payment(s) in the amount of _____ Dollars (\$ _____), corresponding to Invoice No.(s) _____ for the Invoice Period(s) of _____, and 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/Task Authorization/Work Order (**circle as applicable**) 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 all Work/Services (as applicable) furnished to MDX, pertaining to the above noted Contract/Task Authorization/Work Order (**circle as applicable**).

Furthermore, the undersigned acknowledges receipt of a total amount of _____ Dollars (\$ _____) as cumulative payments to date by MDX for all Work/Services (as applicable) furnished related to the Contract/Task Authorization/Work Order (**circle as applicable**).

Contractor/Consultant hereby certifies that Contractor/Consultant has not offered or made any gift or gratuity to, or made any financial transaction of any nature with, any employee of MDX in the performance of the Contract.

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

**CERTIFICATE OF PARTIAL/FINAL PAYMENT, WAIVER AND RELEASE FROM
CONTRACTOR/CONSULTANT**

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.: _____



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CERTIFICATE OF PARTIAL/FINAL PAYMENT, WAIVER AND RELEASE FROM CONTRACTOR/CONSULTANT

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)** _____

(F) The undersigned hereby acknowledges the receipt of partial final **(circle as applicable)** payment(s) in the amount of **(G)** _____ Dollars (\$ **(H)** _____), corresponding to Invoice No.(s) **(I)** _____ for the Invoice Period(s) of **(J)** _____, and 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/Task Authorization/Work Order **(circle as applicable)** 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 **(K)** Contract, for all Work/Services (as applicable) furnished to MDX, pertaining to the above noted Contract/Task Authorization/Work Order **(circle as applicable)**.

Furthermore, the undersigned acknowledges receipt of a total amount of **(L)** _____ Dollars (\$ **(M)** _____) as cumulative payments to date by MDX for all Work/Services (as applicable) furnished related to the Contract/Task Authorization/Work Order **(circle as applicable)**.

Contractor/Consultant hereby certifies that Contractor/Consultant has not offered or made any gift or gratuity to, or made any financial transaction of any nature with, any employee of MDX in the performance of the Contract.

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

**CERTIFICATE OF PARTIAL/FINAL PAYMENT, WAIVER AND RELEASE FROM
CONTRACTOR/CONSULTANT**

CONTRACTOR/CONSULTANT:

Legal Entity Name: _____ **(N)**

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

_____ Date _____
Print Name

(P)

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.: _____



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Instructions to complete:

Certificate of Partial/Final Payment, Waiver and Release from Contractor/Consultant

Intent:

The intent of this form is to provide MDX with a receipt of all payments received under the Contract/TA/WO.

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) Circle partial/final, as applicable.
- G) Include written amount of last payment(s) received from MDX, as of the date in which the invoice was prepared and this form was certified.
- H) Include numeric amount of last payment(s) received from MDX, as of the date in which the invoice was prepared and this form was certified.
- I) Include unique number(s), as assigned by Contractor/Consultant, identifying the invoice(s) to which the payment(s) received corresponds to.
- J) Include the month(s) for which the invoice no(s) corresponds to.
- K) Circle Contract/Task Authorization/Work Order, as applicable.
- L) The Total Amount Paid to Date by MDX to the Contractor/Consultant, inclusive of the above referenced payment being certified.
- M) Legal Name of the Prime Contractor/Consultant.
- N) Authorized Officer to contractually bind and enter into contractual arrangements and/or agreements on behalf of the company.
- O) This form must be notarized.