



<p align="center"> <b>GMX PROCUREMENT/CONTRACT NO.:</b> _____  <b>GMX WORK PROGRAM NO.:</b> _____  <b>GMX PROJECT/SERVICE TITLE:</b> _____          _____       </p>
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**CERTIFICATION OF DISBURSEMENT TO SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS**

**GMX 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 GMX 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: GMX at its sole discretion may withhold any payments to Contractor/Consultant, unless the undersigned demonstrates to GMX and the affected Subcontractors/Subconsultants/Suppliers good cause for withholding payment to the Subcontractor(s)/Subconsultant(s) and/or Supplier(s).**



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**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, GMX 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.