GREATER MIAMI EXPRESSWAY

GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____
_____

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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GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____
_____

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.