



<p align="center"> GMX PROCUREMENT/CONTRACT NO.: _____ GMX WORK PROGRAM NO.: _____ GMX PROJECT/SERVICE TITLE: _____ _____ </p>
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CERTIFICATE OF PARTIAL/FINAL PAYMENT, WAIVER AND RELEASE FROM CONTRACTOR/CONSULTANT

**GMX 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 the Greater Miami Expressway Agency (“GMX”), 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 GMX, 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 GMX 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 GMX 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



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GMX WORK PROGRAM NO.: _____
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CERTIFICATE OF PARTIAL/FINAL PAYMENT, WAIVER AND RELEASE FROM CONTRACTOR/CONSULTANT

CONTRACTOR/CONSULTANT:

Legal Entity Name: _____

By: _____
 Authorized Signatory Title

_____ Date
 Print Name

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.: _____