



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 N.W. 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(S):** \_\_\_\_\_

**MDX PROJECT/SERVICE TITLE:** \_\_\_\_\_

**TASK AUTHORIZATION/  
WORK ORDER NO. (if applicable):** \_\_\_\_\_

**INVOICE NO.:** \_\_\_\_\_ **INVOICE ACCRUAL PERIOD:** \_\_\_\_\_

The undersigned, in consideration of the partial/ final (**circle as applicable**) payment in the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), the receipt of payment is hereby acknowledged, 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 labor, Work/Services or materials (as applicable) furnished to MDX, pertaining to the above noted Contract / Task Authorization / Work Order (**circle as applicable**).

Furthermore, the undersigned acknowledges receipt of \$ \_\_\_\_\_ as payments to date by MDX for labor, Work/Services or materials (as applicable) furnished related to the Contract / Task Authorization / Work Order (**circle as applicable**).

**This form is due as part of the Contractor’s/Consultant’s invoice.**

**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**

Name: \_\_\_\_\_

Typed, Printed or Stamped

My Commission Expires: \_\_\_\_\_

Commission No.: \_\_\_\_\_