



MDX Work Program Invoice Submittal Form

MDX Contract No.: _____

MDX Work Program No(s): _____

MDX Task Authorization/: _____

Purchase Order # (if applicable): _____

Prime: _____

Invoice No.: _____

Invoice Date: _____

Invoice Accrual Amount: _____

Invoice Period: _____

Invoices must be submitted on a calendar month basis

The undersigned certifies under oath, in accordance with the formalities required by Florida Law, that the invoice is submitted in good faith, that the supportive data are accurate and complete to the Prime's best knowledge and belief, and that the amount of the invoice accurately reflects what the Prime in good faith believes to be MDX's liability. The Prime firm also agrees to indemnify MDX for any costs and expenses, including but not limited to audit costs, attorney's fees, and expert witness fees that MDX incurs due to any fraudulent statements made by the Prime firm in said invoice.

Signature by Authorized Officer

Title

Print Name

Date

***Do not write in this area*
*FOR GEC USE ONLY***

Amount to be paid: \$ _____

Approval by GEC Reviewer – Signature

Amount to be retained: \$ _____

Total earned for period: \$ _____

Approval by GEC Reviewer – Print Name

Retainage Release amount: \$ _____
(if applicable)