CENTRAL FLORIDA EXPRESSWAY AUTHORITY

**CERTIFICATION OF DISBURSEMENT OF PREVIOUS PAYMENTS**

**TO RELEASE FINAL PAYMENT**

# DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTRACT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Disbursement of Previous Pay Estimate No. \_\_\_\_\_, dated \_\_\_\_\_\_\_\_\_\_\_, in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Total previous estimates to date $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an Officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Prime Contractor for the above referenced project, hereby CERTIFY that all subcontractors, persons, firms, or agencies furnishing labor, material of any nature, equipment, equipment rental, and other services incorporated into or for this work have received their pro rata share of all previous periodic payments made to the Prime Contractor by the Central Florida Expressway Authority, except as expressly denoted below, giving name, amount and reason for withholding payment.

EXCEPTIONS: (This is a complete listing)

1.

2.

3.

Additional exemptions must be listed on company letterhead, signed, sealed, and attached (with notation) to this certification.

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Corporate Seal) By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purpose therein expressed.

Witness my hand and official seal, this \_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_A.D. 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

State of Florida

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.