



MIAMI-DADE EXPRESSWAY AUTHORITY

3790 NW 21 St. // Miami, FL 33142

www.mdxway.com

MDX Work Program Invoice Submittal Form

MDX CONTRACT NO.: _____

MDX WORK PROGRAM NO.: _____

MDX PROJECT/SERVICE TITLE: _____

MDX TASK AUTHORIZATION/WORK ORDER/
PURCHASE ORDER NO. (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.

Authorized Signatory

Title

Print Name

Date

Do not write in this area

FOR GEC USE ONLY

Amount to be paid: \$ _____

Amount to be retained: \$ _____

Total earned for period: \$ _____

Retainage Release amount: \$ _____
(if applicable)

Approval by GEC Reviewer - Signature

Approval by GEC Reviewer - Print Name



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MDX Work Program Invoice Submittal Form

MDX CONTRACT NO.:

(A)

MDX WORK PROGRAM NO.:

(B)

MDX PROJECT/SERVICE TITLE:

(C)

MDX TASK AUTHORIZATION/WORK ORDER/
PURCHASE ORDER NO. (if applicable):

(D)

PRIME:

(E)

INVOICE NO.:

(F)

INVOICE DATE:

(G)

INVOICE ACCRUAL AMOUNT:

(H)

INVOICE PERIOD:

(I)

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.

(J)

Authorized Signatory

Title

Print Name

Date

Do not write in this area

FOR GEC USE ONLY

Amount to be paid: \$

Amount to be retained: \$

Total earned for period: \$

Retainage Release amount: \$
(if applicable)

Approval by GEC Reviewer - Signature

Approval by GEC Reviewer - Print Name

Instructions to complete:
MDX Work Program Invoice Submittal Form

Intent:

The intent of this form is to provide a summary of the information included in the invoice being submitted

Instructions:

- A) Include MDX Procurement/Contract No. (MDX, RFP, RFQ, ITB, ITN-XX-XX, as applicable).
Example: RFP-13-01.
- B) Include Work Program Number (112XX.XXX, 836XX.XXX, 874XX.XXX, 878XX.XXX, 924XX.XXX).
Examples: 11211.051, 83608.030, 87404.060, 87801.051, 92405.030.
- C) Include Project/Service Title.
Example: Central Boulevard Reconstruction.
- D) Include MDX Task Authorization/Work Order/Purchase Order No., when applicable.
Example: RFP-13-01/FY13/TA-01.
- E) Name of the Prime Contractor/Consultant.
- F) Unique number, as assigned by Contractor/Consultant, identifying invoice submitted for payment.
- G) Date invoice is prepared, as reflected on the actual invoice.
- H) Amount earned during the period covered by the invoice, inclusive of retainage, when applicable.
- I) The month in which work being invoiced was performed.
- J) Authorized Officer to contractually bind and enter into contractual arrangements and/or agreements on behalf of the company.