**COST DISBURSEMENT CERTIFICATION**

|  |  |  |
| --- | --- | --- |
| Date:  | Entity:  | Phone No.:  |
|  |
| Project No.:  | Contract:  | Amount:  |
|  |
| Project Name:  | Estimate / Inv. No.:  |

By execution of this document, I certify on behalf of Entity that the work, as evidenced by the attached invoice, has been performed in accordance with the terms of the DOTD/Entity agreement and that the services have been performed and/or the goods received. Entity agrees that within sixty (60) days from receipt of disbursement by DOTD, Entity will provide proof of payment for the invoiced services and/or goods.

CERTIFIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Title