**COST DISBURSEMENT CERTIFICATION**

Estimate or Invoice No:

Project Name:

Phone No.:

Amount:

Project No.:

Contract:

Entity:

Date:

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