



GMX PROCUREMENT/CONTRACT NO.: _____
GMX WORK PROGRAM NO.: _____
GMX PROJECT/SERVICE TITLE: _____

WORK PROGRAM INVOICE SUBMITTAL FORM

**GMX 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 GMX's liability. The Prime firm also agrees to indemnify GMX for any costs and expenses, including but not limited to audit costs, attorney's fees, and expert witness fees that GMX incurs due to any fraudulent statements made by the Prime firm in said invoice.

By: _____
Authorized Signature
Date

Print Name
Title

Do not write in this area	
FOR GEC USE ONLY	
Total earned for period: \$ _____	Approval by GEC Reviewer - Signature
Amount to be retained: \$ _____	
Amount deducted (Wire Fee): \$ _____	Approval by GEC Reviewer - Print Name
Retainage Release amount: \$ _____ (if applicable)	
Amount to be paid: \$ _____	