FLORIDA ATLANTIC UNIVERSITY
BOCA RATON, FLORIDA 33431

CERTIFICATE OF CONTRACT PERFORMANCE
_____PARTIAL _____FINAL

(Vendor shall submit this form and invoice IN DUPLICATE to:
Florida Atlantic University, Controller's Office, Bldg. 10
777 Glades Road, Boca Raton, Florida 33431

Vendor Name:_____

Purchase Order No.:_____ **Purchase Order Amount: $**_____

Amount due this Invoice: $_____ **FEID No. Or SS No.:**_____

Services:_____

Project No.:_____ **Project Name:**_____

CONTRACTOR'S AFFIDAVIT

I certify that the work under the above named Contract/Purchase Order, and all Amendments thereto, have been satisfactorily completed, as indicated above. All materials, labor, and other charges have been paid in accordance with the terms of the contract. No liens have been attached against the project. No suits are pending by reason of work on the project under the contract. All workers' compensation claims have been settled. No public liability claims are pending, except as follows.

STATE OF_____ **COUNTY OF**_____

Subscribed and sworn to before me this _____ day of _____, 20____ by

_____ _____
Signature of Person Acknowledged **Typed or Printed Name**

_____ _____
Title **Vendor Name**

who is personally known to me _____, or has produced identification _____
(type of identification)

_____ **SEAL:**
Notary Signature

My Commission Expires:

CERTIFICATE OF SUPERVISING ARCHITECT OR OWNER

(To be completed by Florida Atlantic University)

*I certify that the work under the above named Contract/Purchase Order has been satisfactorily completed, and payment is recommended as indicated herein. If this is an approved **FINAL** Payment Request, the project has been inspected, it is complete in accordance with the terms and conditions of the contract and is certified for occupancy. The Contractor has submitted satisfactory evidence that all labor, materials, and other charges against the project have been paid in accordance with the terms of the Contract.*

Total Contract Amount $_____ **%**_____ **By:**_____
Previously Paid $_____ **%**_____ **FAU Authorized Signature**
Due this Payment $_____ **%**_____
Remaining Balance $_____ **%**_____ **Payment No.**_____