**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, Facilities Planning Department, Campus Operations Bldg. #69Rm. 107,**
**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 $**_____ **%**_____
**Balance Due $**_____ **%**_____ **Payment No.**_____