

PAYMENT CLAIM

Payment Claim Number:		Date:	
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From (Claimant):

Name of Claimant:			
ABN:		ACN:	
Contact Name:			
Ordinary Place of Business:			
Suburb:		State:	
		Postcode:	
Telephone:		Email:	
Facsimile:		Mobile:	

To (Respondent):

Name of Respondent:			
ABN:		ACN:	
Contact Name:			
Ordinary Place of Business:			
Suburb:		State:	
		Postcode:	
Telephone:		Email:	
Facsimile:		Mobile:	

Project Details:

Name of Project:			
Address of Project:			
Suburb:		State:	
		Postcode:	
Contract Number:			
Contract Date:			

Date Taken to be Served:

The date this Claim is taken to be served:	
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Claim Type:

Claim Period:		to	
Milestone:	Yes/No		

Claim Summary:

Contract Works:	\$
Variations:	\$
Total of Payment Claim:	\$

Contract Works:

Item No	Description of works, goods and services	Quantity	Rate	Amount Claimed
Total:				

