

PAYMENT SCHEDULE

From (Respondent):

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

To (Claimant):

Name of Claimant:				
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:				

Payment Claim:

Payment Claim Number:	
Date Served:	
Date Taken to be Served:	
Claimed Amount:	

Scheduled Amount:

Amount Scheduled:	
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Description of works, goods and services:

Item No	Description of works, goods and services	Amount Claimed	Amount Scheduled	Amount Withheld
Totals:				

