

Payment Claim

To: (Respondent)

ACN / ABN

Business Address¹:

Fax Number

This is a payment claim made under the Building and Construction Industry (Security of Payment) Act 2009.

From: (Claimant)

ACN / ABN

Business Address²:

Fax Number

Contract Details

Project / Job details

Contract Number (*if applicable*)

Reference Date³

Total amount of this Payment Claim **\$**

The construction work or related goods and services in respect of which this Payment Claim is made and the method of calculation of the total amount of the claim are set out in the Attachment(s) to this Payment Claim.

Signed (Claimant): _____

Date : _____

ATTACHMENTS

Details of Claim (attach other relevant documentation as required)

¹ Address and service of notices as provided for in contract, or if no provision, serve on the person's business or residential address of the company's registered office or principal place of business.

² Address and service of notices as provided for in contract, or if no provision, serve on the person's business or residential address of the company's registered office or principal place of business.

³ The date stated in or worked out under the contract as the date on which a claim for a progress payment may be made; if no date provided in contract, the last day of the named month in which the construction work was first carried out and the last day of each later named month.