

Payment Schedule

To: (Claimant)

ACN / ABN

Business Address¹:

Fax Number

Phone Number

This is a payment schedule made under the Building and Construction Industry Security of Payment Act 2002 (VIC).

From: (Respondent)

ACN / ABN

Business Address²:

Fax Number

Phone Number

Contract Details

Project / Job details

Contract Number *(if applicable)*

Date of payment claim *(date when claim was served)*

Number of payment claim *(if applicable)*

Date when payment claim was served on respondent

Total amount of this Payment Claim (including GST) \$

The scheduled amount (the amount the respondent proposes to pay) \$

If the scheduled amount is less than the claimed amount, the attachments below indicate the reasons why it is less.

Signed (respondent): _____

Date:

ATTACHMENTS

The following attachments show details of any reasons for withholding any amount from the payment claim. In the case of an adjudication application by the claimant, the respondent must rely on these reasons for their defence.

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.