

PAYMENT SCHEDULE

To (Claimant's Name): _____

ABN (where applicable): _____

Address (ordinary place of business): _____

Phone Number: _____

Fax Number: _____

This is a Payment Schedule made under the Building and Construction Industry Security of Payment Act 1999 NSW.

From (Respondent's Name): _____

ABN (where applicable): _____

Address (ordinary place of business): _____

Phone Number: _____

Fax Number: _____

Contract Details

Project: _____

Contract Number (where applicable): _____

Date of Payment Claim (date when claim was served): _____

Total amount of this Payment Claim \$ _____

Amount that respondent proposes to pay (the "scheduled amount")

\$ _____

If the scheduled amount is less than the claimed amount, the reasons why it is less and the reasons for withholding payment are set out in the Attachment(s) below.

Signed (respondent): _____

Date: _____

Attachment(s)

[Note: Detail all reasons for non payment of any amount shown in the Payment Claim. In an adjudication, the respondent cannot raise in defence any reason not stated here.]