

# Payment Claim

## FROM (Claimant):

Claimant Company Name: <small>(or sole trader, partnership or trustee name)</small>					
ABN:		ACN:			
Business Address:					
Suburb:		State:		Postcode:	
Phone:		Email:			

## TO (Respondent):

Respondent Company Name: <small>(or sole trader, partnership or trustee name)</small>					
ABN:		ACN:			
Business Address: <small>(as provided in contract or later correspondence)</small>					
Suburb:		State:		Postcode:	
Phone:		Email:			

## PROJECT:

Project Location Address:					
Contract number:					
Reference date: <small>(only enter date if the contract made before 11 March 2024)</small>					
Total amount of Payment Claim:					

### IMPORTANT:

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 **MUST BE** set out in the Attachment(s) to this Payment Claim.

## ATTACHMENT(S):

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Date

Print name of Claimant  
or Claimant representative

Signature of Claimant  
or Claimant representative

This is a Payment Claim made under the *Building and Construction Industry (Security of Payment Act) 2009 (ACT)*.