

# Payment Schedule

*Building and Construction Industry Security of Payment Act 1999 (NSW)*

## TO (Claimant):

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

## FROM (Respondent):

Respondent Name:					
ABN:		ACN:			
Address:					
Suburb:		State:		Postcode:	
Phone:		Email:			

## PROJECT:

Project Location Address:					
Contract number:					
Date of Payment Claim:					
Total amount of Payment Claim:			Including GST	Excluding GST	
Amount that the 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 attached document(s) (listed below).**

## ATTACHMENT(S):

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**Date**

**Print** name of Respondent  
or Respondent representative

**Signature** of Respondent  
or Respondent representative

\*The Respondent is to 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 in the Payment Schedule.