

Payment Claim

FROM (Claimant):

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

TO (Respondent):

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

PROJECT:

Project Location Address:	
Contract number:	
Reference date:	
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):

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 (SA)*.