

Payment Schedule

Building and Construction Industry Security of Payment Act 2009 (SA)

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:			
Business Address: (as provided in contract or later correspondence)					
Suburb:		State:		Postcode:	
Phone:		Email:			

PROJECT:

Project Location Address:					
Contract number:					
Date of Payment Claim:		Date Payment Claim served on Respondent:			
Total amount of Payment Claim:			Including GST	Excluding GST	
Amount of payment that the respondent proposes to make: (the "scheduled amount")			Including GST	Excluding GST	

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):

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.