Payment Schedule

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

TO (Claimant):					
Claimant Company Name: (or sole trader, partnership or trustee name	e)				
ABN:	,	ACN:			
Business Address:		,	I		
Suburb:		State:		Postcode:	
Phone:		Email:			1
FROM (Respondent):		·			
Respondent Name:					
ABN:		ACN:			
Business Address: (as provided in contract or later correspond	ence)				
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	:		Inc	cluding GST	Excluding GST
Amount of payment that the respondent proposes to make: (the "scheduled amount")			Inc	luding GST	Excluding GST
If the scheduled amount is pa	less than the claimed amount, the syment are set out in the attached	e reasons whed document	ny it is less and the (s) (listed below	ne reasons fo	or withholding
ATTACHMENT(S):					
	Print name of Respondent or Respondent representative		Signature of Respondent or Respondent representative		