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| PAYMENT SChEDULE |
| **To (Claimant’s Name):** |  |
| ABN (where applicable): |  |
| Address (ordinary place of business): |  |
| Phone Number: |  |
| Fax Number: |  |
| **This is a Payment Schedule made under the*****Building and Construction Industry Payments Act 2004* (QLD).** |
| **From (Respondent’s Name):** |  |
| ABN (where applicable): |  |
| Address (ordinary place of business): |  |
| Phone Number: |  |
| Fax Number: |  |
| **Contract Details** |  |
| Project: |  |
| Contract Number (where applicable): |  |
| Claim Reference Number (where applicable): |  |
| Date of Payment Claim(date when claim was served): |  |
| Total amount of this Payment Claim: | $ |
| Amount that 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 Attachment(s) below.** |
| Signed (respondent): |  |
| Date: |  |
| **Attachment(s)** |
| [Note: 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 here.] |

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