

# PAYMENT CLAIM

**To (Respondent's Name):** \_\_\_\_\_

ABN (where applicable): \_\_\_\_\_

Address (ordinary place of business): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**This is a payment claim made under the Building and Construction Industry Security of Payment Act 1999 NSW.**

**From (Claimant's Name):** \_\_\_\_\_

ABN (where applicable): \_\_\_\_\_

Address (ordinary place of business): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## **Contract Details**

Project: \_\_\_\_\_

Contract Number (where applicable): \_\_\_\_\_

Reference date (date when claimant can claim and to which claim is calculated): \_\_\_\_\_

Total amount of this Payment Claim \$ \_\_\_\_\_

**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 are set out in the Attachment(s) to this Payment Claim.**

Signed (Claimant): \_\_\_\_\_

Date: \_\_\_\_\_

## **Attachment(s)**

Details of Claim (attach other relevant documentation as required):