

## 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.]