PAYMENT SCHEDULE

To   Name
                                                  Company Name
                                                           ABN
                                            ACN (If Required)
                                                       Address
                                                         Phone

FROM   Name
                                                  Company Name
                                                           ABN
                                            ACN (If Required)
                                                       Address
                                                         Phone

Payment Claim/ Invoice #	Payment Claim/ Invoice Date	**Due Date**	Total Claimed Amount	Scheduled Amount
			$	$

Description	Claimed Amount	Scheduled Amount	Amount withheld (if any)
Describe work or goods and services claimed for			
	TOTAL	$	

Amount withheld	Reasons for withholding payment

Attachments (if any)

Sign: _____ Date: _____
           (Signature)