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| --- | --- | --- | --- | --- | --- | --- |
| To | | PCRS number | | Type here | | |
| Type here | | Email address | | Type here | | |
| Total no. of pages | | Type here | | |
| Attention | | Type here | | | | |
| Sender's name | | Type here | | | | |
| Sender's telephone number (if transmission errors) | | Type here | | | | |
| Month / Year of Progress Claim | | Type here | | | | |
| In accordance with Clause 6.2.2 of the *General Conditions of Contract* (C7545) the following action is recommended for the attached Progress Claim: | | | | | | |
| Certified Amounts | | | | | | |
| Description | Original Contract  Amount ($) | | Total Claimed to date ($) | | Previous Claim ($) | This Claim ($) |
| Lump Sum Amount | Type here | | Type here | | Type here | Type here |
| As Ordered / Hourly Rate Amount | Type here | | Type here | | Type here | Type here |
| Approved Variations | Type here | | Type here | | Type here | Type here |
| Sub Total | Type here | | Type here | | Type here | Type here |
| TOTAL | | | | | | Type here |
| GST | | | | | | Type here |
| AMOUNT certified for payment (includes GST) | | | | | | Type here |
| **Certification** | | | | | | |
| **For and on behalf of the Principal** | | | | | | |
| Name / Position | Signature | | | | Date | |
| Type here | Sign here | | | | Type here | |
| Note: This Payment Certificate shall be deemed to be a Payment Schedule for the purposes of the *Building Industry Fairness (Security of Payment) Act*2017.  Footnotes:  1. Amount of payment to be made pursuant to this Payment Certificate.  2. Amount claimed to be due under this payment's claim number.  3. If there is a difference between the amount to be paid and the amount claimed, then reasons must be attached as per C7545. | | | | | | |