|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **To the Principal** | | | | |
| Name and address of Principal  **The State of Queensland acting through the Department of Transport and Main Roads** | **Claim amount** | | |  |
|  | |  | |
| **Date final payment claim received** | | |  |
| **and the Contractor** | |  | |  |
| Name and address of Contractor |  | | | |
|  | | |  |
|  | | | |
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**Description of Contract**

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| I certify that the payment which, in my opinion, is to be made by the: | | | |  | | |
| **Principal to the Contractor** |  | **or Contractor to the Principal** |  | is | $ | |
|  | | | | |  | |
| of which an amount as shown at right is the amount of GST | | | | | $ | |
| The calculations employed to arrive at this amount are set out in the schedules attached to the Payment Schedule Summary (Form C7883) and in the following schedules: | | | | | | |
| **Rise and Fall Summary (Form C7884)** | | | | | |  |
|  | | | | | |  |
| **Security and Retention Summary (Form C7885)** | | | | | |  |
|  | | | | | |  |
| **Liquidated Damages Summary (Form C7886)** | | | | | |  |
| Where the amount is more than or less than the amount claimed by the Contractor, the reasons for the difference are set out on the attached Schedule of Reasons (Form C6890) | | | | | | |

|  |  |  |
| --- | --- | --- |
| Certified by Administrator for the Contract | | |
| Name or Company Name and Name of Nominee | Signature | Date |
|  |  |  |
| The Department of Transport and Main Roads collects personal information on this form so that you may certify the Final Certificate. The information on this form is accessible by authorised departmental officers and external personnel who are engaged to administer the Contract who will not disclose your personal details to a third party without your consent unless required to do so by law. | | |