

Progress Payment Claim Form

Works:	Works No:
Location:	Claim No:
Contractor:	Inv No:

No	Trade or Unit	Amount \$	Amount Claimed		Office Use Only	
			%	Value \$		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
Provisional Sums					*	
Contract Sum						
Approved Variation Orders (attach detailed breakup)						

<i>Claim Received</i> Date	Total This Claim	\$	
	Less Liquidated Damages		
	Less Retention	%	
	Less Previous Payments		
<i>Payment Recommended</i> Superintendent's Representative Date	Payable This Claim	\$	
	Contractor's Signature		Recorded by
	Claim Date		Date

* Only if Provisional Sums have been adjusted.

NOTE: Statutory Declaration must be attached if required by the Conditions of Contract.