

INVOICE

Invoice Date: Date

Invoice #: Invoice Number

TO Name

Company Name

ABN

ACN (If Required)

Address Phone

FROM Name

Company Name

ABN

CAN (If Required)

Address Phone

Contact	Job	Payment Terms	Due Date
		Contract terms or 10	
		business days after	
		the date of this	
		invoice	

Description	Quantity	Unit Price	GST	Amount
Describe the work you have done or				
the goods and services that you have provided for				
	•		TOTAL	\$

Please pay the total amount on or before the due date for payment. If you are unable to pay the total amount, please respond with a payment schedule within 15 business days after the date you received this invoice/ payment claim as required under the *Building Industry Fairness (Security of Payment) Act 2017*.

SUPPORTING STATEMENT

2017 I,	\dots , being the	head contractor (t	the Contractor), a d	director of the
	a person authorise e, in relation to the	•	tractor on whose b	ehalf this
	, 		and	
		("the Contracto	r") for	
		("the Contract")	,	
declare that:				
construction contra	n paragraph [2], all act for which this cl ntractor at the date	aim has been mad	e, have been paid	• •
	bcontractor(s) have he date of giving th	· · · · · · · · · · · · · · · · · · ·		
Details of unpaid	d subcontractors			
Subcontractor full name	Payment claim details (e.g. invoice number)	Date(s) of work or supply of related goods and services by subcontractor	Amount owed* to the subcontractor (\$)	Reason for not paying amount owed to the subcontractor in full
	either [option 1: the ule is given) the ful		• •	•
[Insert if applicable	e – All other subcon	tractors have beer	n paid the full amou	unt owed to them.]
Signed				
Date//				
In accordance win Payment) Act 20 contractor (the Coby the head contractor that all subcontractors payment claims.	17 I, ontractor), a director on whose the stors have been	ctor of the head co	, bein ontractor or a per rting statement is	ng the head rson authorised

© Construct Support Australia Page 2 of 2