



PROJECT MANAGEMENT / CO-ORDINATION & COMMUNITY LIAISON

| | | | | | |
|------------------|---------------------------|-----|-------------------------|----------------------|--|
| For Official Use | KEY INFORMATION | | PAYMENT DETAILS: | | |
| | WIMS Number | | | Pmnt Advice Number: | |
| | Contract Number | | | Responsibility Code: | |
| | Consultant Code | | | Objective Code: | |
| | Consultant Division Code | 130 | | Item Code: | |
| If 2.8 applies | Other Beneficiary Code | | Pmnt Reference Number: | | |
| | Other Benef Division Code | | Pmnt Reference Date: | | |
| | | | Run Number: | | |
| | | | Batch Number: | | |

| | | | |
|------------------------------|--|----------------------------|---------|
| Controlling Office | | Client Department | |
| Controlling Office Ref | | Client Department Ref | |
| SERVICE DESCRIPTION | | | |
| CONSULTANT / PAYEE | | | VAT No: |
| ADDRESS | | | |

| | | | | |
|---|--|--|-------------------------|--|
| 1 | ESTIMATED NETT FEES (Excl Disbursements) | | ESTIMATED DISBURSEMENTS | |
|---|--|--|-------------------------|--|

| | | | | | | |
|------|--|-------------------------|------------------------|--------------|--|--|
| 2 | | PAYMENT DETAILS | | Payment No: | | |
| | | Total Nett Fees to Date | Previous Nett Payments | This Payment | | |
| 2.1 | Project Management | | | | | |
| 2.2 | Administrative Support | | | | | |
| 2.3 | Community Liaison | | | | | |
| 2.4 | Information Management | | | | | |
| 2.5 | Time basis | | | | | |
| 2.6 | Sub- Consultants | | | | | |
| 2.7 | Disbursements | | | | | |
| 2.8 | LESS : Direct payment to other beneficiary | | | | | |
| 2.9 | TOTALS | | | | | |
| 2.10 | PLUS VAT (%) | this payment | | + | | |
| 3 | | AMOUNT PAYABLE | | | | |

I hereby certify that in terms of my / our appointment, the payment as calculated above is due.

| | | | | | | |
|-------------------|----------------------------|--|--|--|--------------------------|--|
| CERTIFICATE DATE: | | | Signed: PARTNER OF CONSULTING PRACTICE | | | |
| For Official Use | PAYMENT AUTHORISED: | | PAYMENT ENTERED: | | PAYMENT VERIFIED: | |
| | Print Name: | | Print Name: | | Print Name: | |
| | Signature: | | Signature: | | Signature: | |
| | Rank: | | Rank: | | Rank: | |
| | Date: | | Date: | | Date: | |