



CONSULTANT PROGRESS PAYMENT

WIMS 7-01

2006/03/31

QUANTITY SURVEYOR

For Official Use	KEY INFORMATION		Pmnt Advice Number: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Responsibility Code: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Objective Code: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> Item Code: <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	PAYMENT DETAILS:	
	WIMS Number	<table border="1" style="width: 150px; height: 20px;"></table>			Pmnt Reference Number: <table border="1" style="width: 150px; height: 20px;"></table>
	Contract Number	<table border="1" style="width: 150px; height: 20px;"></table>			Pmnt Reference Date: <table border="1" style="width: 150px; height: 20px;"></table>
	Consultant Code	<table border="1" style="width: 150px; height: 20px;"></table>			Run Number: <table border="1" style="width: 150px; height: 20px;"></table>
	Consultant Division Code	<table border="1" style="width: 150px; height: 20px; text-align: center;">080</table>			Batch Number: <table border="1" style="width: 150px; height: 20px;"></table>
	If 2.7 applies				
	Other Beneficiary Code	<table border="1" style="width: 150px; height: 20px;"></table>			
	Other Benef Division Code	<table border="1" style="width: 150px; height: 20px;"></table>			

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: <div></div>		Total Nett Fees to Date	Previous Nett Payments	This Payment
2.1	Fees : Service A					
2.2	Fees : Service B					
2.3	Fees : Service C					
2.4	Fees : Service D					
2.5	Fees : Time basis					
2.6	Disbursements					
2.7	LESS : Direct payment to other beneficiary					
2.8	TOTALS					
2.9	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:

For Official Use	PAYMENT AUTHORISED:	PAYMENT ENTERED:	PAYMENT VERIFIED:
	Print Name: _____	Print Name: _____	Print Name: _____
	Signature: _____	Signature: _____	Signature: _____
	Rank: _____	Rank: _____	Rank: _____
	Date: _____	Date: _____	Date: _____