

PROFESSIONAL LAND SURVEYOR

For Official Use	KEY INFORMATION		Pmnt Advice Number: Responsibility Code: Objective Code: Item Code:	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																	PAYMENT DETAILS:	Pmnt Reference Number: Pmnt Reference Date: Run Number: Batch Number:
	WIMS Number																																					
	Contract Number																																					
Consultant Code																																						
Consultant Division Code	140																																					
If 2.7 applies	Other Beneficiary Code																																					
	Other Benef Division Code																																					

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	
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2 PAYMENT DETAILS		Payment No:				
					Total Nett Fees to Date	Previous Nett Payments
2.1	Fees : Site Survey					
2.2	Fees : Administrative Support					
2.3	Fees : Community Liaison					
2.4	Fees : Information Management					
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:			Signed: PARTNER OF CONSULTING PRACTICE	
For Official Use	PAYMENT AUTHORISED:		PAYMENT ENTERED:	
	Print Name: _____		Print Name: _____	
	Signature: _____		Signature: _____	
	Rank: _____		Rank: _____	
	Date: _____		Date: _____	
		PAYMENT VERIFIED:		
		Print Name: _____		
		Signature: _____		
		Rank: _____		
		Date: _____		