



CONSULTANT PROGRESS PAYMENT

WIMS 6-01

2006/03/31

ARCHITECT

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:	
	WIMS Number				Pmnt Reference Number:																																	
Contract Number		Pmnt Reference Date:																																				
Consultant Code		Run Number:																																				
Consultant Division Code	070	Batch Number:																																				
If 2.9 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: <input type="text"/>	<input type="text"/>	Total Nett Fees to Date	Previous Nett Payments	This Payment
2.1	Fees : Stage 1 : Appraisal and Definition					
2.2	Fees : Stage 2 : Design Concept					
2.3	Fees : Stage 3 : Design Development					
2.4	Fees : Stage 4 : Approvals and Technical Documentation					
2.5	Fees : Stage 5 : Contract Administration and Inspection					
2.6	Fees : Time Basis					
2.7	Fees : Supplementary Services					
2.8	Disbursements					
2.9	LESS : Direct payment to other beneficiary					
2.10	TOTALS					
2.11	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:	