

Section 1 – To be Completed by the Prime Supplier

<p>I certify that the costs are:</p> <p>a. The actual costs plus Target Profit in accordance with the Maximum Price Target Cost Pricing Provisions as set out in the Terms and Conditions or;</p> <p>b. The milestone amount as stated in the contract.</p> <p>And that the costs quoted have been properly incurred in delivering the milestone requirements and the Terms and Conditions of the Contract have been adhered to.</p> <p>NB. Photocopies of certified MOD Claim Forms AG200 are NOT acceptable to DBS Finance</p>		
Signature	Name (CAPITALS)	
For and behalf of	Tel (inc full std code)	Date

MOD USE ONLY

Section 2 – To be completed by the Defence Infrastructure Organisation Officer

27a.RAC	28a.SAC	29a.VAT Code	30a.LPC	31a.UIN *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32a.Budget Holders Ref Number *				
<input type="text"/>				
33a.Value	34a.VAT	35a.Total		
<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>		

27b.RAC	28b.SAC	29b.VAT Code	30b.LPC	31b.UIN *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
32b.Budget Holders Ref Number *				
<input type="text"/>				
33b.Value	34b.VAT	35b.Total		
<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>	<input type="text"/> • <input type="text"/>		

<input type="checkbox"/> BX131 continuation sheet attached.	36. Grand Total* <input type="text"/> • <input type="text"/>
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I authorise the payment of (amount in words)

The payment should be charged to the Resource Account Code(s), Secondary Analysis Code(s), VAT Code(s), Local Project Code(s) and Unit Identity Number(s) detailed above.

When you certify this form you MUST ensure that it is on a single back-to-back A4 sheet.

<p>I certify that the requirements of the milestone claimed overleaf have been properly completed in accordance with the requirements of the Contract.</p> <p>* = Mandatory field</p> <p style="text-align: right;">Date of Invoice DDMMYYYY</p> <p>1. Date form AG200 received or goods / services if later <input type="text"/></p> <p>2. These prices have been authorised and checked by the Certifying <u>Officer</u>.</p> <p>NOTE - The value in field 36 must match the value in field 26 on the front of the form.</p>	<p>*Official Stamp</p>	
Signature*	Print Name*	Date: DDMMYYYY*
Branch *	TEL *	Email*