Form 86288





Completion Instructions

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- Note: Only items attracting the same rate of VAT to be shown on this form
 Forms should be typed. If not forms must be completed in Black Ink and in Black
 - Forms should be typed. If not forms <u>must</u> be completed in Black Ink and in Block Capitals;
- Forms <u>must</u> be completed as a single back-to-back A4 sheet;
- All dates must be completed in numbers in the format DDMMYYYY;
- All Mandatory Fields must be completed;
- Invoices must be signed by the appropriate Designated Officer as detailed in the contract documents;
- Only claim forms with the original signature will be accepted. Photocopy claims are not acceptable
- The Contract Number and Supplier's Title must be in exactly the same format as quoted on the contract document;
- Item number and price claimed must be exactly as quoted in the contract document.
 * Mandatory Field
- Note: If any of the above instructions are not adhered to your claim will be rejected. Supplier <u>MUST</u> ensure boxes 1 to 26 are completed

DBS Finance, Walker House, Exchange Flags, Liverpool, L2 3YL

1. Supplier Title *												
2. Address *												
						_			_		_	
										_		
					Post	code						
3. Supplier code * 4.	Contract N	Number ^	- 1 - 1	л г		<u>5.</u> Sι	ipplie	er inv	OICE	e Re	tere	nce *
6. Project Title			7 P	J L Projec	tloc	ation						
8. Date of Invoice DDMMYYYY					9.	Curre	encv	*			_	
		-										
MILESTONE PAYMENT				CH	ANG		DERS					
10. a) Milestone / Actual Costs completed this Period. 15. a) Change Order Forms agreed												
		and co	mpleted this	s period	d.						•	
		16. Change O	rder No				Π					
Change Order No												
Change Order No												
Change Order No												
11. b) Milestone / Actual Costs completed previously. 17. b) Change Order Forms agreed												
and previously claimed.												
		18. Change O	order No									
		Change O	rder No									
Change Order No												
Change Order No												
12. c) Total Value of Milestones / Actual Costs completed 19. c) Total Value of Change Orders												
Agreed and completed.(a+b)												
13. Less Previously Paid (EX VAT)												
		20. Less Prev	iously Paid ((EX VA	T)				Π	Τ	•	
14. Amount Now Due												
		21	. Amount No	ow Due	•						•	
		luding VA					+				•	\vdash
22. VAT registration number	24. VAT		25. T	-							•	\square
		26.	Grand To	otal							•	

Section 1 – To be Completed by the Prime Supplier

l cer	I certify that the costs are:									
a.	The actual costs plus Target Profit in acco Terms and Conditions or:	rdance with the M	Maximum Price Target Cost Pricing Provisions as set out in the							
b.										
	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. NB. Photocopies of certified MOD Claim Forms AG200 are NOT acceptable to DBS Finance									
Signature			Name (CAPITALS)							
For and behalf of Tel (i		Tel (inc full std co	ode)	Date						

MOD USE ONLY

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

27a.RAC 28a.SAC 32a.Budget Holders Ref Number *	29a.VAT Code	e 30a.L	PC			3	1a.U	I <u>N *</u>			
33a.Value •	34a.VAT	•	3	5a.Tota]•[
27b.RAC 28b.SAC	29b.VAT Code	e <u>30b.L</u>	PC			;	31b.l	<u>* NIL</u>			
33b.Value	34b.VAT	•	3	5b.Tota	al 				•		
BX131 continuation sheet atta	36. Gran	d Total*]•[
I authorise the payment of (amount in words)											
The payment should be charged to the F and Unit Identity Number(s) detailed abo	ove.	-	•		•			-	: Cod	le(s)	
When you certify this form you <u>MUST</u> ensure that it is on I certify that the requirements of the milestone claimed overleaf have been properly completed in accordance with the requirements of the Contract.				*Official Stamp							
 * = Mandatory field 1. Date form AG200 received or goods / set 2. These prices have been authorised and on NOTE - The value in field 36 must match in 											
Signature*	Print Name [*]		Date: DDMM	YYYY*							
Branch *	TEL*	Email*									