



Claim for Stage Payments

Completion Instructions

- Note: Only items attracting the same rate of VAT to be shown on this form
- Forms should be typed. If not forms <u>must</u> be completed in Black Ink and in Block Capitals;

Form AG 210 (Rev 11/18)

- Forms must 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 18 are completed

		gs, Liverpool, L2 3YL									
1. Supplier Title *											
2. Address *											
	Postcode										
3. Supplier code *		4.Contract Number *	5. Supplier invoice Reference *								
6. Date of Invoice DD	MMYYYY	7. Order Number	8. Currency *								
PART A – Stage payments are now claimed under the above contract in respect of completed stages as shown hereunder:											
9A. Item Number	10A. Quantity	11A. Sum Claimed Each	12A. Total Sum Claimed								
		•	<u> </u>								
13A. Description											
9B. Item Number	10B. Quantity	11B. Sum Claimed Each	12B. Total Sum Claimed								
9B. Rem Number	Tob. Quantity	TIB. Suili Claimed Each	12B. Total Sum Claimed								
13B. Description											
9C. Item Number	10C. Quantity	11C. Sum Claimed Each	12C. Total Sum Claimed								
	100. Qualitity	110: Gain Glainica Each	12C Lotal Sum Claimed								
		•	12C. Total Sum Claimed								
13C. Description		•									
13C. Description		•									
·			•								
13C. Description 9D. Item Number	10D. Quantity	11D. Sum Claimed Each									
	10D. Quantity		•								
	10D. Quantity	11D. Sum Claimed Each	12D. Total Sum Claimed								
9D. Item Number	10D. Quantity	11D. Sum Claimed Each	12D. Total Sum Claimed								
9D. Item Number	10D. Quantity	11D. Sum Claimed Each	12D. Total Sum Claimed								
9D. Item Number	10D. Quantity	11D. Sum Claimed Each	12D. Total Sum Claimed								
9D. Item Number 13D. Description		11D. Sum Claimed Each 15. Total Excluding VA	12D. Total Sum Claimed								
9D. Item Number		11D. Sum Claimed Each 15. Total Excluding VA	12D. Total Sum Claimed Tall								

We hereby cert requirements, inclu	uding interchang		ropriate and we	accordingl			
	due u	ınder clause	of the contract s	chedule.			
Signature			Date				
In the capacity of			Tel				
Duly authorised to sign stage payments for and behalf of							
The Sup	plier's signate	ory must be a se	enior and resp	onsible C	officer of th	e compa	ny
PART B		FOR M	OD USE ONLY	<u> </u>			
19A. Item/Stage 2	0A .Qty/% 2	21A. RAC 22	A. UIN *	23A.MOD F	Ref *	24A.V	/AT Code
25A. Stores	_ •	26A. VAT	•		27A Total	<u> </u>	• 🔲
19B. Item/Stage 2	0B .Qty/% 2	21B. RAC 22	B. UIN *	23B.MOD F	Ref *	24B.V	AT Code
25B. Stores		26B. VAT	•		27B Total		•
	0C .Qty/% 2		22C. UIN *	23C.MOD		24C.V/	AT Code
25C. Stores		26C. VAT	•		27C Total	•	•
19D. Item/Stage 2 25D. Stores	0D .Qty/% 2	21D. RAC 2	22D. UIN *	23D.MOD	Ref * 27D Total	24D.VA	AT Code
	<u> </u>	200. VAI	•		27D Iotal	•	•
☐ BX131 attach	ned.		28. Grand To	otal*		•	•
When yo	u certify this form	n you <u>MUST</u> ensur		ingle back	-to-back A4 s	heet.	
* = Mandatory fie Date form AG210 recei			M Y Y Y Y*		Official Sta	ımp*	
1. Certifying O	fficers must ensur	e that Unit Identity N	umber details for				
all items on	this invoice are co	mpleted below.					
	must be complete	eaningful to the Bud ed	get Manager				
	s have been satis been authorised a	factorily rendered. and checked.					
Signature*			Printed Name*	ı			
Branch*		Tel*		(DDMMYY	YY)Date*		
Email*				<u> </u>			