

We hereby certify that the stages indicated in Part A of this form have been completed and satisfy all requirements, including interchange ability where appropriate and we accordingly claim the stage payments due under clause _____ of the contract schedule.

Signature

Date

In the capacity of

Tel

Duly authorised to sign stage payments for and behalf of

- The Supplier's signatory must be a senior and responsible Officer of the company

PART B

FOR MOD USE ONLY

19A. Item/Stage	20A .Qty/%	21A. RAC	22A. UIN *	23A.MOD Ref *	24A.VAT Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25A. Stores		26A. VAT		27A Total	
<input type="text"/>	• <input type="text"/>	<input type="text"/>	• <input type="text"/>	<input type="text"/>	• <input type="text"/>

19B. Item/Stage	20B .Qty/%	21B. RAC	22B. UIN *	23B.MOD Ref *	24B.VAT Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25B. Stores		26B. VAT		27B Total	
<input type="text"/>	• <input type="text"/>	<input type="text"/>	• <input type="text"/>	<input type="text"/>	• <input type="text"/>

19C. Item/Stage	20C .Qty/%	21C. RAC	22C. UIN *	23C.MOD Ref *	24C.VAT Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25C. Stores		26C. VAT		27C Total	
<input type="text"/>	• <input type="text"/>	<input type="text"/>	• <input type="text"/>	<input type="text"/>	• <input type="text"/>

19D. Item/Stage	20D .Qty/%	21D. RAC	22D. UIN *	23D.MOD Ref *	24D.VAT Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25D. Stores		26D. VAT		27D Total	
<input type="text"/>	• <input type="text"/>	<input type="text"/>	• <input type="text"/>	<input type="text"/>	• <input type="text"/>

<input type="checkbox"/> BX131 attached.	28. Grand Total*	<input type="text"/>	• <input type="text"/>
--	------------------	----------------------	------------------------

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

* = Mandatory field

D D M M Y Y Y Y*

Date form AG210 received or goods / services if later*

Official Stamp*

- Certifying Officers must ensure that Unit Identity Number details for all items on this invoice are completed below.
- A MOD Reference which is meaningful to the Budget Manager under NMS must be completed
- All conditions have been satisfactorily rendered.
- Prices have been authorised and checked.

Signature*

Printed Name*

Branch*

Tel*

(DDMMYYYY)Date*

Email*