**Skilling South Australia Projects 2018/19**

Indicative Milestone Payment Request form

Project Providers will need to submit Milestone Payment Request form to claim payments for milestones. The Department will email a customised and pre-populated Milestone Payment Request form directly to the Provider for each project, after the execution of the Agreement. This document is an indicative template for your information only.

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| **Service Provider Information (Annexure – Part A General)** | | | |
| **Organisation:** |  | | |
| **Project Name:** |  | **Project ID** |  |
| **Project Contact:** |  | | |
| **Contact Position:** |  | | |
| **Contact Email:** |  | **Phone:** |  |

**Instructions –** The following “Milestone Payment” has been identified for your project. Use of this template:

* Use the template as a “covering note” to support your Milestone Payment request;
* Submit the Milestone Payment being requested with your full business signature by email;
* Attach any relevant evidence (if applicable) to support the Milestone Payment claim;
* Forward with evidence (where relevant) to [DIS.FundingAgreements@sa.gov.au](mailto:DIS.FundingAgreements@sa.gov.au) for processing within the next available payment run.

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| Project Component | |
| **Milestone Requirement #**  (from contract) | **[to be populated by DIS]** |
| **Evidence Requirement** | **[to be populated by DIS]** |
| **Service Provider –** Please submit with your full business signature block/logo via email to [DIS.FundingAgreements@sa.gov.au](mailto:DIS.FundingAgreements@sa.gov.au), attaching this Milestone Payment Request as a Word document and any relevant evidence/invoices for our processing. | |

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| **Department for Industry and Skills (DIS) – Use Only – Milestone Payment – Verification** | | | |
| **Department Officer** – I can confirm that the Service Provider has provided sufficient evidence to verify payment for this Milestone. Evidence (where relevant) is attached for Contract compliance. | | | |
| **Signature** |  | **Date** | \_\_\_/\_\_\_/\_\_\_\_\_ |
| **Program Officer - Name** |  | | |