

REQUEST FOR QUOTATION FOR ADDITION AND ALTERATION WORKS OF HEALTHIERSG (HSG) WORKSTATIONS AT SIX POLYCLINICS UNDER NATIONAL UNIVERSITY POLYCLINICS

SECTION 3 - VENDOR'S PROPOSAL

PART D – PAYMENT SCHEDULE

The Vendor shall submit its Payment Claim in accordance with the payment schedule set out in the table below:

Payment	Percentage of Contract Price (%)	Date by which the Contractor has to submit Payment Claim
Monthly Progress Payment	95 / number of monthly payments%**	On monthly basis no later than ____ day of that month based on work done on-site for Phase ____ / the Works (please amend accordingly).
Final Payment	5%**	No later than sixty (60) days from the date of expiry of the Defects Liability Period.
Total	100.00%	

**amend where appropriate