[**Instructional note:** Use this letter to advise the Contractor of your assessment of an extension of time claim made by the Contractor.

There are two options. Delete the option that does not apply.

* Use option 1 to accept an extension of time claim in part or full.
* Use option 2 to reject the claim entirely.

Any text in red is to be completed by the drafter. Delete this note and any other prompts in red text prior to completing the letter]

To: [Insert name of Contractor]

ABN: [Insert ABN of Contractor]

[Insert address]

[Insert address]

ATTN: [Insert Contractor’s Authorised Person]

Date: [Insert]

 **[Insert name & number of Contract]– ACT Modified Version of MW21 (“Contract”)**

EXTENSION OF TIME CLAIM [INSERT THE CONTRACTOR’S REFERENCE NUMBER OR OTHER IDENTIFICATION FOR THE CLAIM]

**Clause 12.4**

**Option 1**

I refer to your extension of time claim dated [insert the date of the Contractor’s claim for an extension of time] for [insert the number of working days claimed by the Contractor] working days extension of time for [insert ‘the Works’ or ‘Milestone(s) #’, as applicable].

In accordance with Clause 12.4 of the General Conditions of Contract, I have assessed your entitlement as [insert the number of working days] working days.

**Include the following paragraph if the assessment is less than the Contractor’s claim.**

This is less than the number of working days you claimed, for the following reasons:

* + [insert the reasons for rejecting part of the Contractor’s claim].

**Use ALTERNATIVE 1 where there are no milestones.**

**use ALTERNATIVE 2 where there are milestones.**

**ALTERNATIVE 1**

The extended date for Completion for the Works is now [insert the extended date for Completion].

**ALTERNATIVE 2**

The extended date(s) for Completion for the Milestones are now as follows:

* Milestone No. [insert the relevant Milestone number] – [insert the applicable extended date for Completion].
* Milestone No. [insert the relevant Milestone number] – [insert the applicable extended date for Completion].

**end of ALTERNATIVES**

**Option 2**

I refer to your extension of time claim dated [insert the date of the Contractor’s claim for an extension of time] for [insert the number of working days claimed by the Contractor] working days extension of time for [insert ‘the Works’ or ‘Milestone No #’].

In accordance with Clause 12.4 of the General Conditions of Contract, I have assessed your entitlement as Nil working days, for the following reasons:

* + [insert the reasons for rejecting the Contractor’s claim].

**Use ALTERNATIVE 1 where there are no milestones.**

**use ALTERNATIVE 2 where there are milestones.**

**ALTERNATIVE 1**

The extended date for Completion for the Works remains [insert the current date for Completion].

**option 2**

The extended date(s) for Completion for Milestones remain as follows:

* Milestone No. [insert the relevant Milestone number] – [insert the applicable extended date for Completion].
* Milestone No. [insert the relevant Milestone number] – [insert the applicable extended date for Completion].

Yours sincerely,

[Insert name of Principal’s Authorised Person]

Principal’s Authorised Person