

Consultancy Fee Proposal Quote Sheet

Client Information

Client Name: _____

Company/Organization: _____

Contact Email: _____

Contact Phone: _____

Date: _____

Project Details

Project Title: _____

Scope of Work: _____

Project Duration: _____

Fee Breakdown

Description of Service	Estimated Hours/Units	Rate	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Subtotal			_____
Taxes (if applicable)			_____
Total Amount			_____

Terms & Conditions

Consultant Signature:

Date: _____

Client Signature:

Date: _____