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| **Consultant Proposal** |
| Proposal Submitted To |  |
| Proposal Submitted By |  |
| Date |  |
| ***Proposal Compiled By:*** |
| Name of Employee |  |
| Designation |  |
| Contact No |  |
| Address |  |
| Email address |  |
| ***Proposed Scope of Consultancy Services:*** |
| Project Name |  |
| Phase 1 |  |
| Phase 2 |  |

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| ***Consultancy Fees:*** |
| The Company shall pay an initial amount of | *$* |
| ***Term:*** |
| We hope to establish a fruitful working relationship for a minimum of  |
| ***Contact Us*** |
| Contact Number |  |
| Email Address |  |
| Office Address |  |
| Signature of representative of theconsultancy agency |  |
| Date |  |