**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

**Consultancy Fees**

The Company shall pay an initial amount

Term

Contact Us

Contact Number

Email Address

Office Address

Signature of representative of the consultancy agency

Date