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| **CONSULTANCY SERVICE AGREEMENT****SCHEDULE** |
| **CONSULTANT** | NAME: |
| ADDRESS: |
| ABN: |
| **CONSULTANT’S CONTRACT****MANAGER** | NAME: |
| ADDRESS: |
| PHONE: |
| FAX: |
| EMAIL: |
| **{COMPANY NAME}’S****CONTRACT MANAGER** | NAME: |
| ADDRESS: |
| PHONE: |
| EMAIL: |
| FAX: |
| **SERVICES** |
| **COMMENCEMENT** **DATE** |  | **COMPLETION DATE** |  |
| **MILESTONES** | DATE | DELIVERABLE |
| **FEE** | $ |  |
| **PAYMENT TERMS** |  |
| **CONSULTANT’S****INSURANCE** |  |
| **SPECIAL CONDITIONS****(IF ANY)** |  |
| **OTHER CONTRACT****DOCUMENTS (IF ANY)** |  |