TENDER OF SERVICES

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Signature

Tender of Service *(sample)*

Service Provider:	Client:
Address:	Address:
Tel: ( ) Fax: ( )	Tel: ( ) Fax: ( )
Represented by:	Represented by:
Title:	Title:

DESCRIPTION OF SERVICES:	
Phases	**Estimated Required Time**
Phase 1:	
• •	
Sub-Total	
Phase 2:	
• •	
Sub-Total	
Phase 3:	
•	
Sub-Total	
OTHER ACTIVITIES	
•	Not Requested At This Time
•	

ESTIMATED COST	**HOURS**	**RATE**	**SUB-TOTAL**
Phase 1:			
Phase 2:			
Phase 3:			
		First year estimated cost	
		Second year estimated cost	