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Proposal Form

Date _____

By _____

CLIENT INFORMATION

Name _____

Address _____

Phone _____

Address (Billing) _____

Phone _____

Cell _____ Fax _____ Other Contact Information _____

PROJECT

Name _____

Location _____

FEE INFORMATION

Fee _____

Hourly Rates _____

Expenses—Billable (with markup) _____

Expenses—Billable (without markup) _____

Expenses—Travel _____

SCOPE OF WORK

WORK PLAN

CONCEPT DEVELOPMENT	START-END DATES	BUDGET	DURATION
DESIGN DEVELOPMENT			
PRODUCTION			
PROJECT IMPLEMENTATION			
TOTAL			

If the information in this Proposal meets with Client's approval, Client's signature below authorizes Designer to begin work. Kindly return a signed copy of this Proposal/Agreement to Designer's office.

Designer Signature _____ Print Designer Name _____ Date _____

Client Signature _____ Print Client Name _____ Date _____