

Fee Schedule Template

A standardized document for service businesses to communicate pricing, billing terms, and payment policies to clients.

Important Notice: This fee schedule is for informational purposes and becomes binding only when incorporated into a signed engagement agreement. Retain a copy for your records.

1. Business Information

Business/Firm Name*

ABC Consulting Group, LLC

Contact Person/Title

Jane Smith, Managing Partner

Business Address*

Street, City, State, ZIP

Phone Number*

(555) 123-4567

Email Address*

billing@example.com

Website

www.example.com

2. Fee Schedule Effective Date

Effective Date*

dd/mm/yyyy



Version Number

v2.0

Supersedes Version Dated

dd/mm/yyyy



Review/Expiration Date

dd/mm/yyyy



This fee schedule supersedes all prior versions. Retain a copy for your records.

3. Service Categories

Primary Service Category*

-- Select Category --



Service Description*

Brief description of services covered by this fee schedule

4. Hourly Rates by Role/Level

Role/Title 1*

Partner / Principal

Hourly Rate 1*

\$350.00

Role/Title 2

Senior Associate / Consultant

Hourly Rate 2

\$250.00

Role/Title 3

Associate / Analyst

Hourly Rate 3

\$175.00

Role/Title 4

Paralegal / Support Staff

Hourly Rate 4

\$95.00

Additional Roles/Rates

List any additional roles and their rates

5. Flat Fee Services

Flat Fee Service 1 — Description

Initial Consultation (1 hour)

Price

\$150.00

Flat Fee Service 2 — Description

Standard Contract Review

Price

\$500.00

Flat Fee Service 3 — Description

Monthly Bookkeeping (up to 100 transactions)

Price

\$400.00/month

Additional Flat Fee Services

Describe additional flat fee services and pricing

Flat fees are based on standard scope. Additional work outside defined scope will be billed at hourly rates.

6. Billing Increments & Minimums

Billing Increment*

-- Select Increment --



Minimum Billing Per Task

\$50.00 or 15 minutes

Minimum Monthly/Engagement Fee

\$500.00

7. Retainer Requirements

Retainer Required?*

-- Select --



Standard Retainer Amount

\$2,500.00

Retainer Type

-- Select Type --



Replenishment Threshold

Replenish when balance falls below \$500

Retainer Application

Describe how retainer is applied to invoices

8. Expenses & Disbursements

Expense Billing Policy*

-- Select Policy --



Markup Percentage (if applicable)

15%

Reimbursable Expenses

- Travel & Mileage
- Postage & Shipping
- Filing Fees & Court Costs
- Copying & Printing
- Software/Subscriptions
- Third-Party Services
- Other

Expense Approval Threshold

Expenses over \$100 require prior client approval

Additional Expense Terms

Describe any additional expense policies

9. Payment Terms

Invoice Frequency*

-- Select Frequency --



Payment Due*

-- Select Terms --



Accepted Payment Methods*

- Check
- ACH/Bank Transfer
- Credit Card
- Cash
- Online Payment Portal

Credit Card Surcharge

3% processing fee for credit card payments

10. Late Payment Policy

Late Fee Type

-- Select Type --



Late Fee Amount

\$25 or 1.5% per month

Grace Period

10 days after due date

Collections/Legal Action Notice

Describe when accounts may be sent to collections

Legal Disclaimer: Late fees are subject to applicable state usury laws and may be limited by jurisdiction.

11. Excluded Services & Scope Limitations

Services NOT Included*

List services that require separate engagement or additional fees

Out-of-Scope Request Process

Describe how clients should request additional services and how they will be quoted

Any services not explicitly listed in this fee schedule will require a separate estimate and written approval before work begins.

12. Additional Terms & Conditions

Cancellation/Termination Policy

30-day written notice required to terminate ongoing services

Rate Change Notice Period

60 days advance written notice

Additional Terms

Any other terms, conditions, or disclosures

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13. Client Acknowledgment

Client/Company Name*

Full legal name of client

Client Contact Name

Authorized representative name

Client Email

client@example.com

Acknowledgment Statement*

- I have received and reviewed this fee schedule
- I understand that fees are subject to the terms described herein

14. Signatures

Service Provider

Service Provider Signature*

Date*

Signature

Date Signed

Printed Name*

Client

Client Signature*

Date*

Signature

Date Signed

Printed Name*

Title (if applicable)