

Hourly Rate Sheet

Standard pricing schedule for professional services with billing terms and expense policies

Important Notice: This rate sheet is for informational purposes and does not constitute a binding agreement. Services are governed by the executed engagement letter or service agreement.

1. Company Information

Company/Firm Name*

ABC Consulting LLC

Business Address*

123 Main Street, Suite 100

City, State, ZIP*

Chicago, IL 60601

Phone Number*

(555) 123-4567

Email Address*

billing@company.com

Website

www.company.com

2. Rate Sheet Details

Rate Sheet Version*

2025-Q1-v1.0

Effective Date*

dd/mm/yyyy



Expiration/Review Date

dd/mm/yyyy



Supersedes Previous Version Dated

dd/mm/yyyy



This rate sheet supersedes all prior rate schedules as of the effective date.

3. Client Information (Optional)

Client Name

Client Company Inc.

Client Contact Person

Jane Smith

Client Account/Matter Number

ACCT-2025-001

Engagement Type

-- Select Engagement Type --



4. Standard Hourly Rates by Role

Role/Title 1*

Partner / Principal

Hourly Rate 1*

\$350.00

Role/Title 2

Senior Associate / Senior Consultant

Hourly Rate 2

\$250.00

Role/Title 3

Associate / Consultant

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 hourly rates

Rates apply to all standard business hours work unless otherwise specified.

5. Premium/Special Rates

After-Hours Rate Multiplier

-- Select --



Weekend/Holiday Rate Multiplier

-- Select --



Emergency/Rush Rate Multiplier

-- Select --



Travel Time Rate

-- Select --



Premium Rate Notes

Describe any additional premium rate conditions

6. Billing Increment & Minimum Charges

Billing Increment*

-- Select --



Rounding Method

-- Select --



Minimum Charge per Task

\$25.00 or 0.25 hours

Minimum Charge for Phone Calls

0.1 hours

Minimum Charge Notes

Describe any specific minimum charge policies

7. Expense Reimbursement Policy

Mileage Rate

\$0.67 per mile (IRS standard)

Copying/Printing Rate

\$0.15 per page

Postage/Shipping

-- Select --



Third-Party Fees

-- Select --



Technology/Software Fees

-- Select --



Other Reimbursable Expenses

List any additional reimbursable expense categories

All expenses require documentation. Expenses over \$100 may require prior client approval.

8. Payment Terms

Invoicing Frequency*

-- Select --



Payment Due*

-- Select --



Accepted Payment Methods

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

Late Payment Fee

1.5% per month on balances over 30 days

Retainer Required

-- Select --



Retainer Amount

\$2,500.00

9. Scope Inclusions & Exclusions

Services Included at Standard Rates

Consultation, research, document preparation, client meetings...

Services Excluded or Billed Separately

Court appearances, expert witness fees, travel, rush requests...

Out-of-Scope Request Handling

-- Select --

10. Rate Adjustment Policy

Rate Review Frequency

-- Select --



Advance Notice for Rate Changes

-- Select --



Rate Escalation Clause

Rates subject to annual adjustment based on BLS Employment Cost Index...

Rate Guarantee Period

12 months from effective date

11. Additional Terms & Notes

Special Client Discount

10% volume discount for matters over 50 hours/month

Additional Terms or Conditions

Enter any special arrangements, caps, or other terms

12. Acknowledgment & Authorization

Rate Guarantee Limitations: Rates are subject to change with advance notice as specified. Quoted rates apply only to work performed during the stated validity period.

I acknowledge that I have reviewed and agree to the rates, terms, and policies outlined in this rate sheet.*

Service Provider Authorization

Authorized Representative Name*

Title*

Signature*

Authorized Representative Signature

Date*

Date Signed

Client Acknowledgment (Optional)

Client Representative Name

Title

Signature

Client Representative Signature

Date

Date Signed