



SUB CONSULTANT SHORT CONTRACT

Date:	
Supplier:	
Supplier Address:	
Supplier Contact Person:	
Client:	
Client Address: (Invoice Details)	
Client Contact Person:	
Project Number:	
Project Name:	
Commencement Date:	
Scope of Services:	
Remuneration:	
Working Hours:	
Overtime:	
Notice Period:	
Terms of Payment:	
Terms and Conditions:	

Thus done and signed at: _____

Date: _____

Client Signature: _____

in the presence of witness: _____

Thus done and signed at: _____

Date: _____

Sub consultant Signature: _____

in the presence of witness: _____