

# Consulting Agreement with **Jennifer Rousseau Sedlock**

## Client Information

Client: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Estimated Duration: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Nature of Consultation: \_\_\_\_\_

## Consulting Fees and Expenses

Consulting Fee per session \$ \_\_\_\_\_ (billed biweekly or monthly based on frequency)

Expenses \$ \_\_\_\_\_ to be reimbursed (duplication of materials, costs of supplies, etc.)

Travel Expenses \$ \_\_\_\_\_ to be reimbursed (airfare, ground travel, food, tips, and lodging)

**Consulting Fee payable to:** Executive Enhancements

**Expense Reimbursement payable to:** Jennifer Rousseau Sedlock

## Cancellation Policy:

The Client or Executive Enhancements may cancel this agreement at any time.  
All fees and expenses to be paid within 30 days of cancellation.

## Note:

Minimum total contract time: Four (4) hours

Minimum billable time on-site services: Two (2) hours

Please complete, sign and return this agreement within 10 days. (Retain a copy)

## Acceptance:

I hereby agree to the above terms and conditions.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Jennifer Rousseau Sedlock \_\_\_\_\_ Date: \_\_\_\_\_

***Speaking to both the head and the heart***

**Executive Enhancements**

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