**[Insert Agency Name]**

**OFF PANEL ENGAGEMENT – LEGAL SERVICES ORDER**

Where you have provided an estimate of fees and disbursements, this has been included below. If you have not yet provided an estimate, please do so and proceed with the work once we have confirmed it is acceptable.

|  |  |
| --- | --- |
| **Off Panel Engagement - Legal Services Order - Client Ref No:** |  |
| **Service Provider Name:** |  |
| **Client:** |  |
| **NSW Government Cluster Name:** |  |

| 1. **SERVICES** | |
| --- | --- |
| **Matter name** | |
| **Scope of engagement** | |
| **Delivery timeframe** | |
| Sub-Panel |  |
| Area of Law |  |
| Expense Type **(mandatory field)** | OPEX  CAPEX |
| Advice  Transaction  Litigation | |

|  |  |
| --- | --- |
| 1. **FEES** | |
| Fixed fee/price |  |
| Fee estimate |  |
| Specific expenses and disbursements authorised by Agency |  |
| Cap on expenses and disbursements |  |

|  |  |
| --- | --- |
| 1. **SPECIAL TERMS** | |
| Special Terms (if any) |  |
| 1. **CLIENT’S REPRESENTATIVE** | |
| Client’s Representative | Internal Lawyer:  Email: [NAME]@[agency].nsw.gov.au  Mobile: [NUMBER] |
| 1. **INVOICING REQUIREMENTS** | |
| [Add Invoicing Requirements]  If costs will exceed initial estimate, please send revised estimate **before exceeding** to ensure prompt payment | |

|  |
| --- |
| **ACKNOWLEDGEMENT**  The Service Provider has no actual, potential, perceived or apparent conflict of interest, except as disclosed to the Client, in providing the services requested.  Signed on behalf of the Service Provider by:  Signature  Name  Date:  **Please return the Off Panel Engagement - Legal Services Order to the Client’s Representative** |