

Town of Bluffton
RFP # 2018-64
Pricing Schedule Form

Name of the firm: _____
Address: _____

Phone number: _____
Contact person: _____

Audit Fee (w/Opinion) - Not to Exceed

Single Audit Fee (if applicable)

2018 _____
2019 _____
2020 _____

Additional Pricing Relevant to Services not inclusive above:

Signature

Title

Date