

Project Order Form

Good Innovation Limited

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Client Name	[Client.Company]		Project Reference	[Project.Code]	
Client Contact Person	[Client.Contact.Name]		Client Email	[Client.Email]	
Order Date	[Document.CreatedDate]	Project Start Date	Project.Start.Date	Expected Duration	Expected.Duration
Description of Services					
Planned Timeframes					
Will any personal data be transferred between us and the client as part of this project?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, subprocessor(s) to be used for this project	Google Cloud				

Total Consultancy Fees (excluding VAT)	£
Invoice Schedule	50% [Start Date] 30% [Date 30 days later] 20% [Planned End Date]

I confirm on behalf of the Client that I have read and understand this Contract, including the attached terms and conditions

Project Agreed on Behalf of the Client by	[Client.Contact.Name]	Signature
Project Agreed on Behalf of Good Innovation by	[Project.Manager]	Signature