

LOGO service provider/inclusion center

Name company/organization

Department

With respect to...

Address, Postal Code, City

Date: ...

Dear (Name project leader),

Hereby you receive our quotation for ... The total costs are €... and are specified in the table below:

| Amount per pcs/patients | Number of pcs/patients | Total costs |
|-------------------------|------------------------|-------------|
| € | ... | € |
| | | |
| | | |

Kind regards,

SIGNATURE

Name service provider/inclusion center