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| **ANNEX VII****FINANCIAL PROPOSAL SUBMISSION FORM***Request for Proposal (RFP) no: RFP22-3388* |

Below we ask service providers for reference prices for some of their services.

If travel is required, expenses will be covered by SPC in accordance with SPC’s travel policy.

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| **Description of your services** | **Hourly Cost in EUR** |
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**Certification**

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Seal/Stamp (if any)

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