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| **ANNEX VII****FINANCIAL PROPOSAL SUBMISSION FORM***Request for Proposal (RFP) no: RFP21-001* |

Below we ask service providers for reference prices for some of their services. The products provided by the selected preferred service provider will not be limited to this list.

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

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| **Item** | **Hourly cost in EUR** |
| Work-related preventative medicine services |  |

**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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