**Financial Proposal for training sessions and psychiatric assistance**

**…………………………………**

company’s name

*All the prices to be indicated in BGN with VAT!*

|  |  |
| --- | --- |
| **Type of Services** | **Price with VAT** **[BGN]** |
| One training session of 3 hours  |  |
| One hour of psychiatric assistance/counselling |  |

Prepared by

Name:………………………………………....

Title:…………………………………………….

Signature:……………………………………….

Date:…………………

Stamp: