**REMOVAL QUOTATION**

***Internal Administrative Circular No. 5***

1. **To be completed by the Staff Member**

Last name: First name:

Country/City of departure:

Country/City of arrival:

1. **To be completed by the removal company**

Company name:

Address:

Phone number/e-mail:

Contact person(s):

Removal date (dd/mm/yyyy): Departure Arrival

The value for insurance purposes is\*:

Volume/weight of goods: m3 Kg

Means of transport: road [ ]  rail [ ]  sea [ ]  air cargo [ ]

 **Amount Currency\***

A) Removal cost\*\*

B) Transport of one personal motor vehicle: [ ]  YES [ ]  NO

 If yes, indicate amount

**Total removal costs (excluding VAT)**

*(A+B)*

C) VAT amount (if applicable)

 VAT rate applied %

**Total removal costs (including VAT if applicable)**

*(A+B+C)*

Date: Signature and company’s stamp:

\* The removal quotation should be submitted in Euro or US Dollars in order to facilitate the payment.

\*\*This figure must include all elements of the removal within the below-mentioned items and notably:

 Materials, packing, unpacking, transport, personnel elevator, parking costs, and insurance