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| --- | --- | --- |
| Company |  | |
| Date |  | |
| Contact Name |  | |
| Project Name |  | |
| Project Overview | | |
|  | | |
| Quote request for (Please tick) | | |
| Collaborative R&D | |  |
| Routine testing and sample preparation | |  |
| Project Deliverables | | |
|  | | |
| Project Budget & Time Scales | | |
|  | | |
| Equipment/ Materials (GEIC to order) | | Equipment/ Materials (Partner to Supply) |
|  | |  |
| Key Project Dependencies (E.g Grant applications, Supplier) | | |
|  | | |
| Project Scope & Field of Use | | |
|  | | |
| Desired Project Completion Date | | |
|  | | |
| Additional Items Required | | |
|  | | |