

Name of school

Title of school event

Date: from.....to.....

Confirmation of accommodation costs

Name of teacher:

Total costs per day including breakfast* €.....

including half board* €.....

including full board* €.....

Price per night (without breakfast) €.....

Total costs for pupils:

Total costs per day including breakfast* €.....

including half board* €.....

including full board* €.....

Price per night (without breakfast) €.....

.....
Place, Date

.....
Signature and stamp of the
accommodation business

*Please tick as appropriate and specify the correct amount