

Vendor Coverage Assessment Confirmation

Date: [Insert Date]

Vendor Name: [Insert Vendor Name]

Address: [Insert Vendor Address]

Dear [Vendor Contact Name],

We are pleased to confirm the completion of your vendor coverage assessment. Our team has carefully reviewed your submission and the relevant documentation.

Assessment Details:

- Assessment Date: [Insert Assessment Date]
- Coverage Status: [Approved/Not Approved]
- Comments: [Insert Comments or Notes]

We appreciate your cooperation during this process. If you have any questions or require further clarification, please do not hesitate to reach out to us.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]