

Termination of Professional Services

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Company Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Recipient's Company Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We regret to inform you that due to budget constraints, we are unable to continue our professional relationship with [Recipient's Company Name]. This decision is effective as of [Termination Date].

We appreciate the services you have provided and thank you for your understanding during this challenging time.

Please let us know if you require any further information or assistance regarding this matter.

Best regards,

[Your Name]

[Your Title]

[Your Company Name]