**附表一：**

**会理市人民医院市场调研报价单**

公司(盖章)： 报价单位代表： 联系电话： 报价日期：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **产品名称** | **品牌** | **型号** | **规格** | **生产厂家（全称）** | **技术参数** | **质保期** | **单位** | **单价（元）** | **数量** | **合计（元）** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
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| **合计：** |  |  |  |  |  |  |  |  |  |  |  |

备注：所有报价包含税款和运费，发票类型为增值税普通发票。