**会理县人民医院询价采购报价单**

公司(盖章)： 报价单位代表： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **项目名称** | **品牌** | **型号** | **规格** | **生产厂家** | **注册证号** | **质保期** | **单位** | **单价** | **数量** | **合计** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
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| **合计：** |  |  |  |  |  |  |  |  |  |  |  |
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备注：所有报价均包含税款和运费，发票类型：增值税普通发票。

 日期：