**附件二：**

**会理市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： 报价日期：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **产品名称** | **品牌** | **型号规格** | **生产厂家（全称）** | **质保期** | **单位** | **单价** | **数量** | **合计** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | （表格不够可自行添加） |  |  |  |  |  |  |  |  |  |
| **合计：** |  |  |  |  |  |  |  |  |  |  |

备注：**所有报价包含安装调试费、材料费、运输费、税费等** 。