**附件二：**

**会理市人民医院调研报价单**

公司(盖章)： 报价单位业务代表： 联系电话： 报价日期：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **产品名称** | **品牌** | **规格型号** | **生产厂家****（全称）** | **注册证号** | **质保期** | **单位** | **单价（元）** | **数量** | **合计（元）** | **备注** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **合计：** |  |  |  |  |  |  |  |  |  |  |  |

★情况说明：报价需包含税款和运费，发票类型为增值税普通发票**。**