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| **高新区人民医院报价单** | | | | | | |
| **报价单位（需盖章）：** | |  | | **联系方式：** |  | |
| 序号 | 名称 | 品牌规格 | 材质 | 数量 | 单价(元) | 总价（元） |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 合计（元） |  | | | | | |
| **质保期及质保方式：** | | | | | | |
| **报价时间：** | | | | | | |