**报价单**

**（设备）**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号** | **品牌/生产厂家** | **单价** | **数量** | **金额** | **质保期** | **到货期** | **备注** |
| 医用三氧治疗仪 |  |  |  | 1套 |  |  |  |  |

**（耗材）**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号** | **品牌/生产厂家** | **单价** | **质保期** | **到货期** | **备注** |
|  |  |  |  |  |  |  |

随报价单提供产品注册证、设备宣传彩页和厂家盖章的技术参数，否则视为无效报价

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**