**报价单**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号** | **生产厂家** | **单价** | **数量** | **金额** | **到货期** | **质保期** | **备注** |
| 单排病历车 |  |  |  | 4 |  |  |  |  |
| 双排病历车 |  |  |  | 4 |  |  |  |  |
| 多功能治疗车 |  |  |  | 5 |  |  |  |  |
| 服药车 |  |  |  | 1 |  |  |  |  |
| 抢救车 |  |  |  | 2 |  |  |  |  |
| 合计 |  |

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**