**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** |
| 普通病床 |  |  |  | 20 |  |  |  |  |
| 合计 |  | | | | | | | |

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**