**报价单**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号** | **品牌/生产厂家** | **单价**  **（元）** | **数量** | **金额**  **（元）** | **质保期** | **到货期** | **备注** |
| 医用拐杖 |  |  |  | 100 |  |  |  |  |

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**