**不锈钢医用推车报价单**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号** | **品牌** | **单位** | **单价** | **数量** | **金额** | **到货期** | **质保期** |
| 不锈钢医用推车 |  |  | 辆 |  | 30 |  |  |  |
| 总计 |  | | | | | | | |

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**