附件3

**广元市妇幼保健院**

**新生儿奶粉市场询价报价表**

**单位：元**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 产品名称 | 品牌规格型号 | 单位 | 数量 | 市场报价 | 优惠价 | 备注 |
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注：供应商必须按“报价表”的格式详细填报，否则作无效报价处理。

供应商名称：（盖章）

法定代表人或授权代表（签字或盖章）：

联系电话：

日期：