附件3：

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| **广元市妇幼保健院** | | | | | | | | | | | | | |
| **拟采购办公用品及耗材市场调研报价一览表** | | | | | | | | | | | | | |
| **序号** | **报价公司** | **物资名称** | **生产厂家** | **品牌** | **规格型号** | **注册证号** | **单位** | **数量** | **市场报价（元）** | **成交报价（元）** | **联系人** | **联系电话** | **备注** |
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| **汇总** | | | | | | | |  | 合计： | 合计： |  |  |  |
| 注：1.该表纸质版加盖鲜章后一式两份，一份装入资料，一份单独提交，电子档Word格式U盘一并报送，缺一份将视为无效资料； | | | | | | | | | | | | | |
| 2.报价应包括运输、保险、代理、安装、税费等所有费用的总和； | | | | | | | | | | | | | |
| 3.同样品牌、规格、型号的耗材，有品质不同的情况下请分别报价；  4.响应供应商报价应是最终用户验收合格后的总价，包括但不限于询价内容，应报尽报以保证项目正常开展。 | | | | | | | | | | | | | |

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：