**产品报价单**

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| **供应商名称** |  | | | | **联系人及联系方式** | |  | |
| **产品名称** | | | **品牌** | **规格型号** | | **医保编码** | | **报价（元）** |
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| **供应商代表签字**  **（单位公章）** | |  | | | | | | |
| **报价有效期** | | 年 月 日 至 年 月 日 | | | | | | |