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| **北京市延庆区医院（北京大学第三医院延庆医院） 医疗设备采购遴选议价报价表** | | | | | | | | | |
| **投标企业名称：** | | | | | **联系人电话：** | | | | |
| **序号** | **产品名称** | **报价单位**  **（台/套）** | **品牌/型号** | **配置条件** | | **国产/进口** | **第一次报价 （元）** | **第二次报价 （元）** | **最终报价 （元）** |
| 1 |  |  |  |  | |  |  |  |  |
| 2 |  |  |  |  | |  |  |  |  |
| 3 |  |  |  |  | |  |  |  |  |
| 4 |  |  |  |  | |  |  |  |  |
| 5 |  |  |  |  | |  |  |  |  |
| 6 |  |  |  |  | |  |  |  |  |
| 7 |  |  |  |  | |  |  |  |  |
| 8 |  |  |  |  | |  |  |  |  |
| 9 |  |  |  |  | |  |  |  |  |
| 10 |  |  |  |  | |  |  |  |  |
| **附加服务承诺：**     **参评企业代表确认签字： 年 月 日** | | | | | | | | | |
| **备注：1.与国家政策相抵触的，以国家政策为准**  **2.表格信息完善至第一次报价** | | | | | | | | | |