附件2

**富顺县中医医院富达路院区住院八楼室内拆除工程**

**报价表**

项目名称：富达路院区住院八楼室内拆除工程采购项目

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **名称** | **规格** | **单位** | **数量** | **单价** | **总价** | **备注** |
| 1 |  |  |  |  |  |  |  |
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|  | 合计 |  |  |  |  |  |  |
| 总计报价 | | **人民币：元**  **（人民币大写：元）** | | | | | |

供应商名称：XXX（盖单位公章）

法定代表人/负责人或授权代表（签字或盖章）：XXX

日 期：XXX年XXX月X日