**附表3.**

**珠海市第五人民医院口腔科皮肤科订制家具采购项目**

**报价内容清单**

****1、产品清单****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ****序号**** | ****产品名称**** | ****产品内容、配置情况**** | ****数量**** | ****单位**** | ****金额**** |
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报价人名称（单位盖公章）：

法定代表人或授权代表（签名或盖个人名章）

日期：