**附件3**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号** | **单个限价****(元)** | **年用量****(个)** | **品牌/生产厂家** | **单价** | **总价** | **质保期** | **到货期** | **备注** |
| 茶色聚酯圆瓶 | 100ml | 0.65 | 11200 |  |  |  |  |  |  |
| 药用高密度聚乙烯瓶 | 100ml 磨砂 | 0.65 | 17300 |  |  |  |  |  |  |
| 药用高密度聚乙烯瓶 | 60ml 磨砂 | 0.63  | 25200 |  |  |  |  |  |  |
| 药用高密度聚乙烯瓶 | 30ml | 0.31 | 9000 |  |  |  |  |  |  |
| 吹塑膏盒 | 120g | 0.70  | 5500 |  |  |  |  |  |  |
| 吹塑膏盒 | 100g | 0.65  | 2000 |  |  |  |  |  |  |
| 合计 |  |

**寿光市皮肤病防治站药用塑料瓶采购项目报价单**

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**

**年 月 日**