**附件3**

**寿光市皮肤病防治站药品包装用复合膜采购项目报价单**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号****及技术参数** | **单价限额****(元)** | **数量****kg** | **品牌/生产厂家** | **单价** | **总价** | **质保期** | **到货期** | **备注** |
| 药品包装用复合膜 | 140mm | 50 | 350 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**

**年 月 日**