**耗材报价单**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **品名** | **规格型号** | **生产厂家/品牌** | **单价（元）** | **数量** | **金额（元）** | **到货期** | **备注** |
| 胃肠超声造影剂 |  |  |  | 100袋 |  |  |  |
| **合计** |  | | | | | | |

**报价公司（盖章）：**

**法人/授权代表（签字）：**

**联系电话：**