**西宁市第二人民医院图书服务采购项目分项报价表**

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| **编号** | **产品名称** | **第一次报价** | **降幅百分比** | **最终报价** | **法定代表人或授权代表签字并按手印** |
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**法定代表人或授权代表人签字：**

**供货单位：（盖章）**

 **专家签字：**

**监督签字**