上海市残疾人联合会比价采购报价单

项目名称： “12385”残疾人服务热线 报价单位： （盖章）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报价人 | |  | | | | | | | |
| 报价人地址 | |  | | | | | | | |
| 联系人 | |  | | | | 联系电话 |  | | |
| 项目实施计划 | | | | | | | | | |
|  | | | | | | | | | |
| 明细报价（单位：元） | | | | | | | | | |
| 序号 | 分项名称 | | | 单位 | 单价 | 数量 | | 金额 | |
| 1 |  | | |  |  |  | |  | |
| 2 |  | | |  |  |  | |  | |
| 合计总报价：元。 | | | | | | | | | |
| 拟投入本项目的主要人员情况 | | | | | | | | | |
| 姓名 | | | 专业资格/职称 | | | 等级 | | | 从业时间 |
|  | | |  | | |  | | |  |
|  | | |  | | |  | | |  |