|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **台南家專學校財團法人台南應用科技大學 公開取得報價單** | | | | | | | | | | | | | | | |
| 項次 | 品 名 | | | 數量 | 單價 | 合計 | | 備 註 | | | | | | | |
| 一 | 皮膚檢測儀主機 | | | 1台 |  |  | | □屬訂製品 □屬半訂製品  □非訂製品（必填廠牌、型號）  廠牌：  型號： | | | | | | | |
| 二 | 皮下膠原蛋白  掃描探棒 | | | 1支 |  |  | | □屬訂製品 □屬半訂製品  □非訂製品（必填廠牌、型號）  廠牌：  型號： | | | | | | | |
| **廠商報價總價**  （請以新台幣**含稅**報價） | | | | | | | | | 十 | 萬 | 仟 | 佰 | | 十 | 個 |
|  |  |  |  | |  |  |
| 廠商名稱： | |  | | | | | | | | | | | 簽章 | | |
| 負 責 人： | |  | | | | | | | | | | | 簽章 | | |
| 統一編號： | |  | | | 地　　址： | | | | | | | | | | |
| 公司電話： | |  | | | 本案聯絡人及電話： | | | | | | | | | | |
| **下面欄位報價時請勿填寫，謝謝。** | | | | | | | | | | | | | | | |
| **議比減價格紀錄** | | | | | | | | | | | | | | | |
| **非負責人出席時，請出示授權書。** | | | | | | | | | | | | | | | |
| 優先減價 | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 新臺幣 | | | | | | | 十 | 萬 | 仟 | 佰 | 十 | 個 | |  |  |  |  |  |  | | | | | （填寫價格後，請於此欄位用印） | | | | | | | | |
| 第1次 | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 新臺幣 | | | | | | | 十 | 萬 | 仟 | 佰 | 十 | 個 | |  |  |  |  |  |  | | | | | （填寫價格後，請於此欄位用印） | | | | | | | | |
| 第2次 | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 新臺幣 | | | | | | | 十 | 萬 | 仟 | 佰 | 十 | 個 | |  |  |  |  |  |  | | | | | （填寫價格後，請於此欄位用印） | | | | | | | | |
| 第3次 | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 新臺幣 | | | | | | | 十 | 萬 | 仟 | 佰 | 十 | 個 | |  |  |  |  |  |  | | | | | （填寫價格後，請於此欄位用印） | | | | | | | | |