**湘潭医卫职业技术学院新增印刷品采购申报表**

**校属单位名称：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **印刷资料名称** | **规格型号、技术参数** | **单位** | **预计数量** | **参考单价（元）** | **参考总价（元）** | **商务要求** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
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| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |
| 22 | （可自行加行加页） |  |  |  |  |  |  |

**部门负责人签字：　　　　　　填报人签字： 　　 联系电话： 填报时间：**