丽水市中医院人脸识别系统配置报价清单

报价单位： 联系人（公章）： 联系电话： 日期：

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| **序号** | **名称** | **品牌** | **型号** | **技术规格** | **单位** | **数量**  | **单价（元）** | **合价（元）** | **备注** |
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|  | 合计 |  |  |  |  |  |

备注：成交价不高于上述报价，供货单位需与合同一致。