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| **見　積　書** | | | | | | | | | | | | | | | | | | | | | |
| 令和　　年　　月　　日  地方独立行政法人大阪市民病院機構理事長　　様 | | | | | | | | | | | | | | | | | | | | | |
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| 住所又は事業所所在地  商号又は名称  氏名又は代表者氏名 | | | | | | | |  | | | | | | | | | | | | 印 | |
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| 下記について、次の金額で見積ります。  なお、関係法令・貴法人関係規定に従い契約を履行します。 | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **見積金額** |  | |  | 百万 | | | |  | 千 | | | |  | 円 | |  | | |
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|  | | | **契約金額** |  | |  | 百万 | | | |  | 千 | | | |  | 円 | |  | | |
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| 課税事業者  　うち取引にかかる消費税及び地方消費税の額　　　 　　　　　 　円  　免税事業者 | | | | | | | | | | | | | | | |
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| 契約金額は、見積金額に当該金額の100分の10を上積みした額（当該金額に１円未満の端数があるときは、  その端数を切り捨てた額）です。 | | | | | | | | | | | | | | | | | | | | | |
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| 期限 | | 令和　　年　　月　　日・契約後　　日 | | | | | | | 納入場所 | | | | |  | | | | | | | |
| 明　細　書 | 品　　　　名 | | | | 形状・寸法・摘要 | | | | | | | | 数　量  数 | | | | | 単　　価  量 | | | |
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