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| **Formulario de Cotización** |

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| COLEGIO MILITAR DE LA NACION |

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| **Nombre del Organismo Contratante:** |

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| **Procedimiento de Seleccion:** |

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| Licitación Privada  |

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| **Nro:** |

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| **Ejercicio:** |

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| **Tipo:** |

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| **Clase:** |

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| **Modalidad:** |

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| **Expediente Nro:** |

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| 58 Servicio Profesional y Comercial - - -  |

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| **Rubro Comercial:** |

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| CONTRATAR UN SERVICIO DE COBERTURA ANTE EMERGENCIAS MEDICAS |

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| **Objeto de la Contratacion:** |

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| **Costo del Pliego:** |

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| **Presentacion de las Ofertas:** |

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| **Plazo y Horario** |

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| **Lugar y Direccion** |

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| Servicio Administrativo Financiero - CMN Aviador Matienzo S/N y Ruta 201- El Palomar |

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| Días hábiles: Hasta el: 23/02/2018 a las 12:00hs |

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| **Acto de Apertura:** |

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| **Plazo y Horario** |

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| **Lugar y Direccion** |

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| Servicio Administrativo Financiero - CMN Aviador Matienzo S/N y Ruta 201- El Palomar |

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| Fecha: 26/02/2018 - Hora: 09:00hs |

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| **Especificaciones:** |

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| **Rng Nro** | **Cantidad** | **Unidad Medida** | **Sibys** | **Descripcion** | **Precio Unitario** | **Importe Total** |
| 1 | 12 | SERV | 342-02498-0001 | COBERTURA DE EMERG.MEDICA; DESCRIPCION COBERTURA DE EMERG.MEDICA  |  |  |
|  |  |  |  | **Observaciones al Item: SEGUN ESPECIFICACION TECNICA** |  |  |
|  |  |  |  |  | **Total:** |  |
| *Ante diferencias entre el texto del Item y las Observaciones al Item debera considerarse indefectiblemente las Observaciones al Item* |

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| **Importe Total De La Oferta (En Letras):** |  |
| **C.U.I.T:** | **Plazo de Entrega:** |
| **Garantia:** | **Forma de Pago:** |
| **Descuentos:** | **Plazo de Mantenimiento de Oferta:** |
| **Aclaraciones:** | **Nro de Inscripcion en Sec.Hac.:** |
| **CAP ANDRES TORRES** | **Firma del Oferente:** |
| **J UOC** |  |

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