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|  |  |  | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | | **Formulario de Cotización** | |  | |  |  |  | | | | | | | | | |
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|  |  | |  | | --- | | **Procedimiento de Seleccion:** | | | | | | |  |  |  |  |
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|  |  | |  | | --- | | **Presentacion de las Ofertas:** | | | | | | |  |  |  |  |
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|  |  | |  | | --- | | **Acto de Apertura:** | | | | | | |  |  |  |  |
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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** |  | | | | | | | | | | |