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| **Formulario de Cotización** |

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| HOSPITAL MILITAR REGIONAL CORDOBA |

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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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| **Ejercicio:** |

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| **Tipo:** |

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| Orden de Compra abierta |

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| **Modalidad:** |

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| **Expediente Nro:** |

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| 63 Transporte y Deposito - - -  |

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| **Rubro Comercial:** |

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| CONTRATACION DE UN SERVICIO DE RECOLECCIÓN DE RESIDUOS PATÓGENOS |

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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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| HOSPITAL MILITAR REGIONAL CORDOBA - AVDA CRUZ ROJA ARGENTINA NRO 1174 - CP: 5016 - SERVICIOS ADMINISTRATIVO FINANCIERO - Cordoba |

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| DE LUNES A VIERNES DE 08:00 A 12:00 HSHASTA EL ULTIMO DIA HABIL ANTERIOR A LAFECHA DE APERTURA |

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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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| HOSPITAL MILITAR REGIONAL CORDOBA - AVDA CRUZ ROJA ARGENTINA NRO 1174 - CP: 5016 - SERVICIOS ADMINISTRATIVO FINANCIERO |

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23 DE JULIO DE 2018 A LAS 09:00 HS |  |
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| **Especificaciones:** |

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| **Rng Nro** | **Cantidad** | **Unidad Medida** | **Sibys** | **Descripcion** | **Precio Unitario** | **Importe Total** |
| 1 | 9000 | Kg | 335-05155-0001 | SERV.RECOLECCION DE RESIDUOS; DESCRIPCION SERV. RECOLECCION RESIDUOS  |  |  |
|  |  |  |  | **Observaciones al Item: RECOLECCIÓN DE RESIDUOS PATÓGENOS (MATERIAL EN ESTADO SOLIDO, SEMISOLIDO O LIQUIDO) DE ACUERDO A LO ESTABLECIDO EN LAS ESPECIFICACIONES TÉCNICAS DEL PBCP - POR UN PERIODO DE 6 (SEIS) MESES CON OPCION A PRORROGA** |  |  |
|  |  |  |  |  | **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.:** |
| **Sarg Int CHRISTIAN MARTIN CHANQUIA** | **Firma del Oferente:** |
| **J UOC- HM Rgn Cba** |  |

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