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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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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  | | --- | | **Plazo y Horario** | |  | |  | |  | | --- | | **Lugar y Direccion** | | |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  | | --- | | HOSPITAL MILITAR REGIONAL CORDOBA - AVDA CRUZ ROJA ARGENTINA NRO 1174 - CP: 5016 - SERVICIOS ADMINISTRATIVO FINANCIERO - Cordoba | | |  |  |  |  | |  |  |  |  | |  | | --- | | DE LUNES A VIERNES DE 08:00 A 12:00 HS  HASTA EL ULTIMO DIA HABIL ANTERIOR A LA  FECHA DE APERTURA | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | | | | | | | | | |
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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 | 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** |  | | | | | | | | | | |