**FORMATO No. 2**

**VALOR DE LA COTIZACIÓN**

| **DESCRIPCIÓN** | **CANTIDAD (QS)** | **VALOR UNITARIO** | **VALOR TOTAL** |
| --- | --- | --- | --- |
| CE 390X | 2 |  |  |
| CE 390A | 1 |  |  |
| CE 390 GENERICO | 2 |  |  |
| CF 280X | 4 |  |  |
| CF 280A | 1 |  |  |
| CF 280 GENERICO | 2 |  |  |
| CF 283X | 4 |  |  |
| CF 283A | 3 |  |  |
| CE 258X | 5 |  |  |
| CE 258A | 3 |  |  |
| CE 258 GENERICO | 2 |  |  |
| CE 285X | 2 |  |  |
| CE 285A | 3 |  |  |
| CE 285 GENERICO | 2 |  |  |
| CE 278X | 1 |  |  |
| CE 278A | 4 |  |  |
| CE 278 GENERICO | 2 |  |  |
| CF287X | 1 |  |  |
| CF287A | 1 |  |  |
| CF 287 GENERICO | 2 |  |  |
| **SUBTOTAL** |  |  |  |
| **IVA** |  |  |  |
| **TOTAL** |  |  |  |

Cordialmente,

(Nombre completo, cargo y firma del representante legal o la persona autorizada para el efecto)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Representante Legal Firma Contador y tarjeta profesional No