SOLICITUD INFORMAL DE COTIZACIÓN

FORMATO 2

VALOR DE LA COTIZACIÓN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Descripción** | **Cant** | **Valor Unitario** | **Subtotal** |
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| **Subtotal** |   |
| **Impuesto** |   |
| **Valor Total** |   |

**Fecha de Entrega:**

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| --- | --- |
| Empresa que cotiza: |  |
| Formato diligenciado por: |  |
| Cargo en la empresa: |  | Teléfono: |  |
| Correo electrónico: |  | Ciudad: |  |
| Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |