附件1

河池市中医医院2019年财务报表审计项目议价报名表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 项目名称：河池市中医医院2019年财务报表审计 | | | | |
| 序号 | 单位名称 | 负责人 | 联系电话 | 备注 |
| 1 |  |  |  |  |
|
| 2 |  |  |  |  |
|
| 3 |  |  |  |  |
|
| 4 |  |  |  |  |
|
| 5 |  |  |  |  |
|
| 6 |  |  |  |  |
|
| 7 |  |  |  |  |
|
| 8 |  |  |  |  |
|
| 9 |  |  |  |  |
|
| 10 |  |  |  |  |
|