

# Clinical Equipment Offer Statement

Date:

Company Name:

Contact Person:

Address:

## Equipment Offered

Item No.	Equipment Name	Model/Type	Quantity	Unit Price	Total Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Terms & Conditions

## Remarks

Offered By:  Position:

Signature: