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| 入札書（郵便入札用） | | | | | | | | | | | | | | | | | | | |
| □　課税事業者 | | | | | | | | | | | | | | | | | | | |
| □　免税事業者 | | | | | | | | | | | | | | | | | | | |
| * ￥マークを記入 * 消費税等抜きの金額を記入 | | | | | | | | | | | | | | | | | | | |
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| 入　札　書 | | | | | | | | | | | | | | | | | | | |
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|  | 件名　相模原市重度障害者医療費助  成医療証に係る印刷製本及び  封入封緘業務委託 | | | | | | | | | | | | | | | | | |  |
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| 上記の金額で入札します。 | | | | | | | | | | | | | | | | | | | |
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| 相模原市長　あて | | | | | | | | | | | | | | | | | | | |
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| 所在地 | | | | | | | | | | | | | | | | | | | |
| 名　称 | | | | | | | | | | | | | | | | | | | |
| 代表者 | | | | | | | | | | | | | | | | | | | |