捐赠物资清单

捐赠单位（盖章）：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **物资品名** | **规格型号** | **单位** | **单价（元）** | **数量** | **价值****（元）** | **备注** |
| 1 |  |  |  |  |  |  | 定向xx单位xx（数量）非定向xx（数量） |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
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| 合计 |  |  |  |

承诺：所捐赠物资为合法、合格产品。食品/药品－－为保质期大于6个月。

经办人： 　　　　　　　　　 联系电话：

日期：