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|  |  |  |  |  | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i. Rumburská 89 277 21 LIBĚCHOV Česká republika** | | | | | | | | | | | | PID: | | | | | | |  | | | | | |  |  |  |  |  |
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|  |  |  |  |  |  | Číslo účtu: | | | | | | |  | | | | | |  |  |  |  |  |
|  |  |  |  |  |  | Peněžní ústav: | | | | | | |  | | | | | |  |  |  |  |  |
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|  |  |  |  |  |  | DIČ: | | | **CZ67985904** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | IČ: | | **05752833** | | | | | | | DIČ: | | **CZ05752833** | | | |  |  |  |  |  |  |
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|  |  |  |  | Konečný příjemce: | | | | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **NS811000 UŽFG AV ČR účtovací** | | | |  |  |  |  | | **Ing. Tětková Anna** | | | | | **Tel.: +420 315 639 580 E-mail: tetkova@iapg.cas.cz** | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | | | | | | | | | **31.12.2019** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | | | | | | | **17.10.2019** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | | | | | | | **Příkazem** | | | |  |  |  |  |  |
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|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Místo dodání: | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i., Rumburská 89, 277 21 Liběchov** |  | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  |  |  |  | Termín úhrady: | | | | | | |  | | | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Způsob dopravy: |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Dodací podmínky: |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Při fakturaci vždy uvádějte číslo objednávky.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  |  |  |  | Vámi vystavená faktura bude způsobilá k úhradě pouze při uvedení čísla projektu, tj. ?OPVVV 0460? v textu faktury. Prosíme o laskavé uvedení tohoto čísla a o potvrzení přijetí objednávky. Děkujeme. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
|  |  |  |  |  | Položkový rozpis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  |  |  |  | **Položka** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  |  |  |  |  | | | | | | | | **Množství** | | | **MJ** | | | | | | **Cena/MJ vč. DPH** | | | | | | | **Celkem s DPH** | | | | | | | |  |  |  |  |  |
|  |  |  |  |  | RNAscope  Multiplex  Fluorescent  Detection Kit v2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  |  |  |  |  | ***Předpokládaná cena celkem (včetně DPH):*** | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  | **Datum vystavení:** | | | | | | | | | | 03.10.2019 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Vystavil:** Hladká Jana Tel.: 315639503, E-mail: hladka@iapg.cas.cz                                                                       ...................                                                                           Razítko, podpis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  |  | **Interní údaje objednatele : 811000 \ 120 \ 4607 OPVVV Šušor \ 0400 Deník: 10 \ OPVVV Excelence neinvestice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |