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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Potvrzení objednávky číslo | | | | | | | | | | | | | | | OD1903 | | | | | | •ĺslo dokladu: | | | |  | | | |  | | | Datum potvrzení: | | | | | | 1.10.2019 | | | | Referent: | | | |  | | | | Navržený termin plnění: | | | | | | 6.10.2019 | | | | Dodavatel: | | | | | | | |  | | | Odběratel: | | | | | | | | | | s.r.o.  Freyova 82/27  190 OO Praha 9 | | | | | | | | Zdravotní ústav se sídlem v Ustř nad Labem  Sídlo: Moskevská 1531/15, 400 Ol Ústí nad  /č 71009361 DIC  Místo plnění: Ústí nad Labem | | | | | | | | | | Platební údaje: | | | | | | |  | | | Obchodní údaje: | | | | | | | | | | Zůsob úhrady: | | | Bankovním převodem na :ékiadě daňového dokladu | | | | Způsob dodání: | | | |  | | | | | | Splatnost: | | | Do 14  DUZP | | dnů od | | Smluvní pokuta za pozdní dodání: | | | |  | | | | | | Urok : prodlení: | | | S2nař. v1. 351/2013 Sb. | | | | Ostatní: | | | |  | | | | | | Cena: | | | bez DPH (Kč) | | | | sazba DPH c/o) | | | DPH (Kč) | |  | | | s DPH (Kč) | | | | | 193 238,91 | | | |  | | |  | | 40 580,17 | | | 233 819,08 | | | |   Akceptujeme objednávku v souladu s ustanovením S 1740 zákona Č. 69/2012 Sb. s doplněním podstatně neměnícím podmínky objednávky.  Bereme na vědomí a souhlasíme s uveřejněním smlouvy (s hodnotou nad 50 tis Kč) v registru smluv zřízeném podle zák. č. 340/2015 Sb.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | |  |  |  |  |  | | Vystavil: | Klára | Podpis: |  | | | |   Podbarvená pole k povinnému vyplněni 190 OO Praha 9  Stránka 1 z 1 |