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|  |  |  |  |  | **Univerzita Karlova 1.lékařská fakulta Kateřinská 32 121 08 PRAHA 2 Česká republika** | | | | | | | | | | | | PID: | | | | | | |  | | | | | |  |  |  |  |  |
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|  |  |  |  | Konečný příjemce: | | | | | | | | | | | |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | | | | | | | | | **20.12.2019** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | | | | | | | **20.12.2019** | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | | | | | | | **Příkazem** | | | |  |  |  |  |  |
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|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Dodací podmínky: |  |  | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Prosíme: Na faktuře uvádějte číslo naší objednávky včetně čísla za lomítkem, CPV kód, datum splatnosti min. 14 dní od data doručení odběrateli, dodržujte naše obchodní jméno uvedené v záhlaví této objednávky (vlevo nahoře). Fakturu zasílejte na stejnou adresu. U jednotlivých položek uvádějte také cenu celkem vč. DPH, dopravy, montáže a případné slevy. V případě, že jste plátci DPH, uvádějte DIČ a Váš e-mailový kontakt. Zboží dodejte dle níže uvedeného položkového rozpisu.  Zpráva pro dodavatele:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  |  |  |  | Objednáváme instalatérský materiál dle vlastního výběru pro dílnu údržby 1. LF UK. Doprava vlastní. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
|  |  |  |  |  | Objednáváme u Vás dle položkového rozpisu níže: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  |  |  |  |  | | | | | | | **Množství** | | | **MJ** | | | | | | **Cena/MJ vč. DPH** | | | | | | | **Celkem s DPH** | | | | | | | |  |  |  |  |  |
|  |  |  |  |  | Instalatérský materiál | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  |  |  |  |  | ***Předpokládaná cena celkem (včetně DPH):*** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  | **Datum vystavení:** | | | | | | | | | 30.10.2019 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Vystavil:** xxx Tel.: +224964xxx Fax: E-mail: xxx@lf1.cuni.cz                                                                       ...................                                                                           Razítko, podpis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |