|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Zdravotnická záchranná služba Karlovarského kraje, příspěvková organizace** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Závodní 390/98C, 360 06 Karlovy Vary \* IČ: 00574660** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | **Dodavatel:** | | | | | |  | | | | | | | | | |
|  | **Objednávka OBJ - ZZS - 005271** | | | | | | |  |  |  | | | | | | | | | |
|  |  |  | | MEDIPRAX CB s.r.o.  xxx  Husova tř. 624/43  370 05 České Budějovice  IČO: 63886731 | | | | | | | | | | | | |  | |
|  | | | | | | | | |  | |  | |
|  | Datum založení: | |  | 24.2.2017 13:42:49 | | | |  |  | |  | |
|  | | | | | | | | |  | |  | |
|  | Objednal: | |  | xxx | | | |  |  | |  | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Termín dodání: | |  | **Nejkratší možný** | | | |  |  | **Odběratel:** | | | | | | | | |  | | | | | | |
|  | | | | | | | | |  |  | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | Způsob dopravy: | |  | **Kurýrní službou** | | | |  |  | | | | | | | | | | | | | | | | |
|  |  |  |  | | Zdravotnická záchranná služba | | | | | | | | | | | | |  | |
|  | | | | | | | | |  | |  | |
|  | | | | | | | | |  | | Karlovarského kraje, příspěvková organizace | | | | | | | | | | | | |  | |
|  | Způsob platby: | |  | **Převodem na účet (fakturou)** | | | |  |  | |  | |
|  |  |  |  | | Závodní 390/98C, 360 06 Karlovy Vary | | | | | | | | | | | | |  | |
|  | | | | | | | | |  | |  | |
|  | **Dodací adresa:** | | | |  | | | |  | |  | |
|  |  | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | |  | | **IČ:** |  | 00574660 | | | | |  | | | | | | | |
|  | | Zdravotnická záchranná služba  Karlovarského kraje, příspěvková organizace  Závodní 390/98C  360 06 Karlovy Vary | | | | |  | |  | |  |  | | | | | | | |
|  | |  | |  | | **DIČ:** |  | CZ00574660 | | | | |  | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | Kontakt: | | | tel: xxx | | | | | | | | | |  | |
|  | |  | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Objednávám u Vás:  13 kusů vakuových matrací dle specifikací a cenové nabídky ze dne 14. 2. 2017.  Děkuji | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Kód | | | | | Název | | | | | | | | | Množ. | | Jedn. | | | Cena za  jednotku | Celkem za položku | | | |  |
|  | VM 189/1 | | | | | Vakuová matrace, rozměr: 200x80 cm, více komorový systém náplně | | | | | | | | | 13 | | ks | | | 5 900 Kč | 76 700 Kč | | | |  |
|  |  | | | | | DPH 15% | | | | | | | | | 1 | | ks | | | 11 505 Kč | 11 505 Kč | | | |  |
|  |  | | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | Hodnota objednávky: | | | | | 88 205 Kč | | | |  |
|  | | | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schváleno 27.02.2017 12:44 xxx  Schváleno 27.02.2017 12:49 xxx | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |