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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: | | | | | | | **107-1999330287/0100** | | | | | |  |  |  |
|  |  |  |  |  | Peněžní ústav: | | | | | | | **Komerční banka, a.s.** | | | | | |  |  |  |
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|  |  |  |  |  | DIČ: | | | **CZ67985904** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Konečný příjemce: | | | | | | | | | | | | |  |  |  |  |  |
|  |  |  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | **ÚŽFG AV ČR, v.v.i., Pavilon S, Vídeňská 1083, 14220 PRAHA 4 Krč** | | | |  |  |  |  | | **Ing. Mrázek Jakub, Ph.D.** | | | | | **Tel.: 267090506, Fax:  E-mail: mrazek@iapg.cas.cz** | | | | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | | | | | | | | | **31.12.2021** | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | | | | | | | **31.05.2021** | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | | | | | | | **Příkazem** | | | |  |  |  |
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|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Místo dodání: | **ÚŽFG AV ČR, v.v.i., Pavilon S, Vídeňská 1083, 14220 PRAHA 4 Krč** |  | |  |  | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | |  |  |  | | --- | --- | --- | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
|  |  |  |  |  | Položkový rozpis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | **Položka** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
|  |  |  |  |  |  | | | | | | | | **Množství** | | | **MJ** | | | | | | **Cena/MJ vč. DPH** | | | | | | | **Celkem vč. DPH** | | | | | | | |  |  |  |
|  |  |  |  |  | 47016 DNeasy PowerSoil Kit Pro (250) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | doprava | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  |  | ***Předpokládaná cena celkem (včetně DPH):*** | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Datum vystavení:** | | | | | | | | | 26.04.2021 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Vystavil:** Olivová Tereza E-mail: olivova@iapg.cas.cz                                                                       ...................                                                                           Razítko, podpis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | **Interní údaje objednatele : 811000 \ 120 \ 4605 OPVVV Mrázek \ 0400 Deník: 10 \ OPVVV Excelence neinvestice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |