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| **Kontakt na odběratele:** |
| **Jméno:** |  |
| **Telefon:** |  |
| **Fax:** |  |
| **E-mail:** |  |

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| **Název a adresa dodavatele:** |
| **Dodavatel:** | Mega Trans - výrobní družstvo invalidů |
| **IČ:** | 28998791 |
| **Adresa:** | Na Hvězdárnách 406 |
|  | 25229 Lety Lety |

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| **Číslo objednávky:** | INOB202100566 |

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| **Objednáváme toto zboží/služby:** |
| Čtyřkřeslo čalouněné |
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| **Specifikace:** |
| Položka 1, PSK 5,815 Čtyřkřeslo celočalouněné\_mod.05 (s NP), Delta/K4-N4. LD Seting, ČR, barva červená, 1 kus, 34 441,44 Kč s DPH, 28 464 Kč bez DPH, 5 977,44 Kč hodnota DPHCena celkem bez DPH 28 464 Kč, cena včetně DPH 34 441,44 Kč. |
|  |
| Zboží/služby jsou dodávány v režimu náhradního plnění a dodavatel splňuje veškeré podmínky stanovené právními předpisy k poskytování náhradního plnění. Tato objednávka je zahrnuta do tzv. náhradního plnění dle zákona č. 435/2004 Sb. o zaměstnanosti. |
|  |  |
| **Předpokládaná cena (vč. DPH):** | 35 000,00 Kč |
| **Termín dodání:** | 2.9.2021 |
| **Místo dodání:** | Štěpánská 15, 12000 Praha 2, CZ - Česká republika  |
| **Způsob úhrady:** | bankovním převodem |
| **Potvrzení objednávky:** | faxem nebo e-mailem |
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|  | Datum |  | Razítko a podpis odběratele |  |
| Objednávku akceptujeme v celém jejím znění |
|  |  |  |  |  |
|  | Datum |  | Razítko a podpis dodavatele |  |

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| **Pokyny pro dodavatele:** |
| Na faktuře vždy uvádějte **číslo objednávky**.Pokud nejste plátci DPH, na faktuře uveďte: Nejsme plátci DPH.V daňovém dokladu vždy uvádějte číslo příslušné zálohové faktury. |

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