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|  |  |  | |  |  | | --- | --- | | ***Objednávka č.: 0021300020/1000*** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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|  |  | Odběratel: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i. Rumburská 89 277 21 LIBĚCHOV Česká republika** | | | | | | | | | PID: | | | | | |  | | | | | | |  |  |  |
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|  |  |  |  |  | Číslo účtu: | | | | | | **35-9925160277/0100** | | | | | | |  |  |  |
|  |  |  |  |  | Peněžní ústav: | | | | | | **Komerční banka, a.s.** | | | | | | |  |  |  |
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|  |  |  |  |  | Dodavatel: | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | DIČ: | | **CZ67985904** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | IČ: | **40755592** | | | | | | DIČ: | | | **CZ40755592** | | | |  |  |  |  |
|  |  |  |  |  | IČ: | | **67985904** | | |  |  |  |  |  |  |
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|  |  |  | Konečný příjemce: | | | | | | | | | | |  |  |  |  |  |
|  |  |  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  | | | |  |  |  |  | | **Bc. Zejdová Ilona** | | | | | **E-mail: zejdova@iapg.cas.cz** | | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  |  |  |  |  |  |  | **Platnost objednávky do:** | | | | | | | | | **31.12.2021** | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | | | | | | | **30.09.2021** | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | | | | | | | **Příkazem** | | | |  |  |  |
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|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Místo dodání: | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i., Rumburská 89, 277 21 Liběchov** |  | |  |  | | | | | | | | | | | | | | | | | | |  |  |  |
|  |  |  |  |  | Termín úhrady: | | | | | | |  | | | |  |  |  |
|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Způsob dopravy: |  |  | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Dodací podmínky: |  |  | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Při fakturaci vždy uvádějte číslo objednávky.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | Položkový rozpis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Skenovací pracoviště dle Vaší cenové nabídky (v příloze) v ceně | 114 000.00 | Kč | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  |  | ***Předpokládaná cena celkem (včetně DPH):*** | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Datum vystavení:** | | | | | | | | 03.09.2021 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Vystavil:** Schwarzová Jana Tel.: 315639526, Fax: 315639506, E-mail: schwarzova@iapg.cas.cz                                                                       ...................                                                                           Razítko, podpis | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | **Interní údaje objednatele : 811000 \ 100 \ 1503 INV.DOTACE FRM \ 0500 Deník: 30 \ INVESTICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |