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|  |  | Odběratel: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i. Rumburská 89 277 21 LIBĚCHOV Česká republika** | | | | | | | | | | | | PID: | | | | | **UZFG2023-1953** | | | | | | | |  |  |  |
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|  |  |  |  |  | Číslo účtu: | | | | |  | | | | | | | |  |  |  |
|  |  |  |  |  | Peněžní ústav: | | | | |  | | | | | | | |  |  |  |
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|  |  |  |  |  | DIČ: | | | **CZ67985904** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | |  |  |  | | --- | --- | --- | |  | **ELLA-CS, s.r.o. Milady Horákové 504/45 500 06 HRADEC KRÁLOVÉ Česká republika** |  | |  | |  | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Konečný příjemce: | | | | | | | | | |  |  |  |  |  |
|  |  |  | |  |  |  |  | | --- | --- | --- | --- | |  | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i., Rumburská 89, 277 21 Liběchov** | | | |  |  |  |  | | **MUDr. Ryska Ondřej, Ph.D.** | | | | | **Tel.: , Fax:  E-mail: ondrejryska@centrum.cz** | | | | | | | | | | | | | |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | | | | | | | | **31.12.2023** | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | | | | | | | **06.04.2023** | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | | | | | | | **Příkazem** | | | | |  |  |  |
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|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Místo dodání: | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i., Rumburská 89, 277 21 Liběchov** |  | |  |  | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | |  |  |  | | --- | --- | --- | | Dodací podmínky: |  |  | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  | **Při fakturaci vždy uvádějte číslo objednávky.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | Referenční číslo | | | | | Množství | | | MJ | | | | | | Cena/MJ vč. DPH | | | | | Celkem vč. DPH | | | | | | | | | |  |  |  |
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|  |  |  |  |  | SX stent Crohn D 34/20/32 x 45 mm, potah silikon se zavaděčem | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | **Datum vystavení:** | | | | | | 04.04.2023 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Vystavil:** Schwarzová Jana Tel.: 315 639 526, Fax: 315639506, E-mail: schwarzova@iapg.cas.cz                                                                       ...................                                                                           Razítko, podpis | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  |  |  | **Interní údaje objednatele : 811000 \ 120 \ 00808 režie provoz \ 0800 Deník: 32 \ Neinvestice GAČR,AZV,IG,režieLAB** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |
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