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| ***Objednávka č.: 0023130158/1000*** |  |

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|  |  | Odběratel: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Ústav živočišné fyziologie a genetiky AV ČR, v.v.i.Rumburská 89277 21 LIBĚCHOVČeská republika** | PID: | **UZFG2023-5867** |  |  |  |
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|  |  |  |  |  |  | Smlouva: |  |  |  |  |
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|  |  |  |  |  | Číslo účtu: | **19-8264720227/0100** |  |  |  |
|  |  |  |  |  | Peněžní ústav: | **Komerční banka, a.s.** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | Dodavatel: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | DIČ: | **CZ67985904** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Mai-MedizintechnikMatthias MaiGerbrunner Weg 7D-97288 TheilheimNěmecko** |  |
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|  |  |  | Konečný příjemce: |  |  |  |  |  |
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| **prof. MVDr. Motlík Jan, DrSc.** |
| **E-mail: motlik@iapg.cas.cz** |

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|  |  |  |  |  |  |  |  | **Platnost objednávky do:** | **31.12.2023** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | **03.11.2023** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | 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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|  |  |  |  |  | Termín úhrady: |  |  |  |  |
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| Způsob dopravy: |  |  |

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| Dodací podmínky: |  |  |

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|  |  |  |  | **Při fakturaci vždy uvádějte číslo objednávky.** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Onsite Cooperation in Liběchov CZ on Roland RETImap device | 2 550,00 EUR |

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| Hotel costs | 200,00 EUR |

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|  |  ***Předpokládaná cena celkem (bez DPH):*** |  |  |  |
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| **2 750,00 EUR** |

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|  |  |  |  |  | **Datum vystavení:** | 02.11.2023 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | **Vystavil:**Schwarzová JanaTel.: 315 639 526, Fax: 315639506, E-mail: schwarzova@iapg.cas.cz                                                                      ...................                                                                          Razítko, podpis |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Interní údaje objednatele : 811000 \ 120 \ 2047 Odylia \ 0700 Deník: 13 \ NEINVESTICE - ZAKÁZKY, Dary** |  |  |  |  |
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