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|  | | | | | | | **Objednávka č.:** | | | | | | | | **OBJ24000563** | | | | | | | | | |
|  | | | | | | | odbor: | | | Odbor místního rozvoje | | | | | | | | | | | | | | |
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|  | | **Město Dobříš** | | | | | | | | | | | | | | | DODAVATEL: | | | | | | | |
|  | | **Mírové náměstí 119** | | | | | | | | | | | | | | | **NeOn projekting s.r.o.** | | | | | | |  |
|  | | **26301** | **Dobříš** | | | | | |  | | | | | | | | Višňová 223 | | | | | | |  |
| IČ: | | | | | **00242098** | | | | | | | | | | | | 26261 | | Višňová | | | | |  |
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| Objednávka ze dne: | | | | | **13.09.2024** | | | Termín: | | | | | | **31.12.2024** | | | IČ: | 09324992 | | | | | | |
| Místo určení: | | | | | | | | | | | | | | | | | DIČ: |  | | | | | | |
| Způsob dopravy: | | | | | | | | | | | | | | | | |  | | | | | | | |
| vlastní | | | | nákladní | | | | | | | poštou | | | | | |  | | | | | | | |
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| Předmět objednávky | | | | | | | | | | | | | | | | Množství | | | | MJ | | Cena za MJ | Cena celkem s DPH | |
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| 227 - Autorský dozor - Stavební úpravy části 1 NP Střediska zdraví | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fakturu prosím zašlete na adresu: epodatelna@mestodobris.cz. | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Vyřizuje | | | | | Telefon | | | | | | | Fax | | | | |  | | | | | | |
|  | **Samcová Markéta Ing.** | | | | |  | | | | | | |  | | | | | Mgr. Martin Švarc, v. r.  16. 09. 2024 | | | | | | |
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|  | Správce rozpočtové položky | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **Švarc Martin Mgr.** | | | | | | | | | | | | | | | | |  | | | | | | |
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|  | Peněžní ústav | | | | | | | Číslo účtu | | | | | | | | | | podpis a razítko schvalovatele | | | | | | |
|  | **Česká spořitelna, a. s.** | | | | | | | **27-521732389/0800** | | | | | | | | | |  | | | | | | |
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| **V případě překročení celkové částky, která je uvedená na objednávce, Vám bude faktura vrácena!** | | | | | | | | | | | | | | | | | | | | | | | | |