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|  |  |  |  | **FYZIKÁLNÍ ÚSTAV AV ČR, v.v.i. Na Slovance 2 182 21 PRAHA 8 Česká republika** | | | | | | | | | | | | | | | PID: | | | | | | | |  | | | | |  |  |  |
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|  |  |  |  |  | DIČ: | | | | **CZ68378271** | | | |  |  | IČ: | | | | **60755431** | | | | | | | | DIČ: | | **CZ60755431** | | |  |  |  |  |
|  |  |  |  |  | IČ: | | | | **68378271** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | | | | | | | | | | **31.12.2017** | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | | | | | | | **28.08.2017** | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | | | | | | | **Příkazem** | | |  |  |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | Místo dodání | : | **Fyzikální ústav AV ČR, v. v .i. - ELI Beamlines - sklad, Průmyslová 836, 25241 Dolní Břežany** | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
|  |  |  | Termín úhrady: | | | | | | | **30 dní** | | |  |  |  |
|  |  |  | |  |  |  | | --- | --- | --- | | Způsob dopravy | : | **DAP** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | **!!!!! Při fakturaci vždy uvádějte číslo objednávky !!!! Žádáme Vás o potvrzení objednávky.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  |  | Z důvodu uznatelnosti nákladů musí být na faktuře uvedeno číslo objednávky, číslo projektu CZ.02.1.01/0.0/0.0/15\_008/0000162 a název projektu ELI - EXTREME LIGHT INFRASTRUCTURE - fáze 2, v opačném případě bude faktura vrácena. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  | Položkový rozpis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  | **Množství** | | | | | **MJ** | | | | | **Cena/MJ vč. DPH** | | | | | | | | | | **Celkem s DPH** | | | | | | |  |  |  |
|  |  |  | 2-pack of VeroClear - 3 ks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  | 2-pack of FullCure 705 - 2 ks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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|  |  |  | **Celkem:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **83 617.05** | | | | | **Kč** | |  |  |  |
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|  |  |  |  | ***Předpokládaná cena celkem (včetně DPH):*** | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  |  |  | | --- | --- | --- | | **83 617.05** | **Kč** |  | | | | | | | | |  |  |  |
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|  |  | **Datum vystavení:** | | | | | | | | | | |  | 27.09.2017 | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **Vystavil:** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Ing. Svobodová Hana | | | | | | | | | | | | | | | | | | | | |  |  |  |  | Razítko, podpis | | | | | | | | | | |  |  |  |
|  |  |  | E-mail: svobodha@fzu.cz | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Žádáme Vás o zasílání daňových dokladů v elektronické podobě (skeny) na adresu efaktury@fzu.cz. O doručení dokladů obdržíte potvrzující e-mail. Objednávku nad 50 000 Kč uveřejníme v souladu se zákonem č. 340/2015 Sb., o zvláštních podmínkách účinnosti některých smluv, uveřejňování těchto smluv a o registru smluv, v platném znění. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |