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| ***Objednávka č.: 2166500157/ 009*** |  |

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|  |  |  | Objednatel: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Univerzita Karlova1.lékařská fakultaKateřinská 32121 08 PRAHA 2Česká republika** | PID: |  |  |  |  |
|  |  |  |  |  |  |  | Smlouva: |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Číslo účtu: |  |  |  |  |
|  |  |  |  |  |  | Peněžní ústav: |  |  |  |  |
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|  |  |  |  |  |  | DIČ: | **CZ00216208** |  |  | IČ: | **29212014** | DIČ: | **CZ29212014** |  |  |  |  |
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|  |  |  | Konečný příjemce: |  |  |  |  |  |  |  |  |  |  |
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|  | **650 Klinika dětského a dorostového lék.** |
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| xxx |
| **Tel.:xxx, Fax: ,** **Mail: xxx@lf1.cuni.cz** |

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|  |  |  |  |  |  |  |  |  |  | **Platnost objednávky do:** | **30.11.2016** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Termín dodání: | **03.11.2016** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Forma úhrady: | **Příkazem** |  |  |  |
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| Místo dodání | : | **650 KDDL\* Univerzita Karlova1.lékařská fakultaKlinika děts.a dorost.lékařstvíKe Karlovu 2128 08 Praha 2** |
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|  |  |  | Termín úhrady: |  |  |  |  |
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| Způsob dopravy | : |  |

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| Dodací podmínky | : |  |

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|  |  |  | **Prosíme:Na faktuře uvádějte číslo naší objednávky včetně čísla za lomítkem, CPV kód, datum splatnosti min. 14 dní od data doručení odběrateli, dodržujte naše obchodní jméno uvedené v záhlaví této objednávky (vlevo nahoře). Fakturu zasílejte na stejnou adresu.U jednotlivých položek uvádějte také cenu celkem vč. DPH, dopravy, montáže a případné slevy.V případě, že jste plátci DPH, uvádějte DIČ a Váš e-mailový kontakt.Zboží dodejte dle níže uvedeného položkového rozpisu.Zpráva pro dodavatele:** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Objednáváme u Vás dle položkového rozpisu níže: |  |  |
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|  |  |  | **Nedílnou součástí této objednávky je příloha obsahující řádky.** |  |  |  |  |
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|  |  |  |  | ***Předpokládaná cena celkem (včetně DPH):***  |  |  |  |  |

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|  |  | **Datum vystavení:** |  | 20.10.2016 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **Vystavil:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | xxx |  |  |  |  | Razítko, podpis |  |  |  |
|  |  |  | Tel.: xxx, E-mail: xxx@lf1.cuni.cz |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | PŘÍLOHA k objednávce č.: | ***2166500157/ 009*** | Stránka: | ***1*** | z | ***1*** |

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|  |  | **Položka** |  |  |
|  |  |  |  |  | **Množství** | **MJ** | **Cena/MJ vč. DPH** | **Celkem s DPH** |  |  |
|  |  | EZ - R16608 Pediatrický simulátor lumbální punkce |  |  |
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|  |  | *Konec přílohy k objednávce č.: 2166500157/ 009* |  |  |  |  |  |  |
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