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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Potvrzení objednávky číslo | | | | | | | | | OD1802708\*) | | | | |  |  | | --- | --- | | íslo dokladu: |  | | Referent: |  | | | | | | | |  |  | | --- | --- | | Datum potvrzen í.' | 6.8.2018 | | Navržený termín plnění: | 10.8.2018 | | | | | | | | |  | | --- | | Dodavatel: | | s.r.o.  Drahobejlova 1019/27  190 OO Praha 9 | | | | | | | |  | | --- | | Odběratel: | | Zdravotní ústav se sidtem v Usti nad Labem  Sťdto: Moskevská 1531/15, 400 OI Ústi nad Labem  71009361 DIC CZ71009361  Místo plněni: Usti na Labem | | | | | | | | |  |  | | --- | --- | | Platební údaje: |  | | Zůsob úhrady: | Bankovním převodem na základě daňového dokladu | | Splatnost: | dnů Od  DUZP | | rok z prodlení: | S 2 naň vl. 351/2013 Sb. | | | | | | |  |  | | --- | --- | | Obchodní údaje.' | | | Způsob dodání: |  | | Smluvní pokuta za pozdní dodání: |  | | Ostatní: |  | | | | | | | | Cena: | DPH (Kč) | sazba DPH (0%) | | | DPH (Kč) | |  | s DPH (Kč) | | | | 305.174,32 |  | | |  | | 64.086,61 | 369.260,93 | | |   Akceptujeme objednávku v souladu s ustanovením S 1740 zákona č. 89/2012 Sb. s doplněním podstatné neměnícím podminky objednávky.  Bereme na védomĺ a souhlasíme s uveřejnénim smlouvy (s hodnotou nad 50 tis Kč) v registru smluv zňzeném podle zák. 340/2015 Sb.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Vystavil: |  | Klára | Podpis: |  |   \*O Podbarvená pole k povinnému vyplněni co PRAHA 9  Stránka lz 1 |