Prilog br. 1

**PONUDBENI LIST JN-17-23/N**

1. **Podaci o naručitelju:**

Dom zdravlja Primorsko-goranske županije

Sjedište: Krešimirova 52a, 51000 Rijeka

MB: 1797620 , OIB: 20043484292

Naručitelj je u sustavu PDV-a.

1. **Podaci o ponuditelju:**

 Naziv i sjedište ponuditelja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ponuditelja je u sustavu PDV-a (DA/NE) : \_\_\_\_\_\_\_\_\_

IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kod banke: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Osoba ovlaštena za zastupanje: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Osoba za kontakt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tel./Fax/e-mail osobe za kontakt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Podaci o ponudi**

 **Ponuda br.: \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Premet nabave:** | **Ukupna cijena bez PDV- a u eurima** | **PDV u eurima** | **Ukupna cijena sa PDV-om u eurima** |
| POTROŠNI MATERIJAL ZA MJERENJE ŠEĆERA U KRVI ZA 2023. g. za potrebe Doma zdravlja PGŽ |  |  |  |

Rok valjanosti ponude: **\_\_\_\_\_\_\_\_** danaod dana otvaranja ponuda

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

( mjesto i datum)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (potpis ponuditelja)