***Prilog br. 1***

**PONUDBENI LIST - JN-23-23/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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

1. **Podaci o ponudi**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Premet nabave:** | **Ukupna cijena**  **u eurima**  **(bez PDV- a)** | **PDV u eurima** | **Ukupna cijena**  **u eurima**  **(sa PDV-om)** |
| **Pomoćni medicinski materijal za fizikalnu terapiju za potrebe Doma zdravlja Primorsko-goranske županije (2023)** |  |  |  |

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

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

( mjesto i datum)

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

M.P. (potpis ponuditelja)