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|  | **ZAVOD ZA JAVNO ZDRAVSTVO**  **VARAŽDINSKE ŽUPANIJE** |

**NAZIV NARUČITELJA:** Zavod za javno zdravstvo Varaždinske županije (dalje u tekstu Naručitelj), Sjedište: Ivana Meštrovića 1/11, 42 000 Varaždin, OIB: 20184981156

**PREDMET NABAVE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVIDENCIJSKI BROJ NABAVE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROK ZA DOSTAVU PONUDA**: dd.mm.gg. do \_\_\_\_\_\_ sati.

**POTVRDA O PRIMITKU**

Potvrđujemo primitak ponude u papirnatom obliku:

Ponuditelj: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Datum i vrijeme zaprimanja: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ovlaštena osoba Naručitelja za Urudžbeni zapisnik:

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