**Pakiet nr 1-**  **formularz cenowy**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| L.p. | Nazwa zlecenia | **ilość** | **Cena netto/zł**  **za 1 osobę** | **wartość netto/zł** | **Podatek VAT %** | **wartość. brutto/zł**  **za 1 osobę** | **wartość brutto/zł** |
| 1 | Cena za szkolenie /odległość z zakresu ochrony radiologicznej pacjenta. | 200 osób |  |  |  |  |  |
| 2 | Cena za egzamin państwowy | 200 osób |  |  |  |  |  |
|  | RAZEM |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **WARTOŚĆ NETTO ......................... zł.+ ..........VAT =............................WARTOŚĆ BRUTTO zł.** | | | | | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | data ……………………. Podpis /pieczątka wykonawcy ……………………………… | | | | |  |  | |  |  |  |