

## Annex No. 2 - offer

	Description	Characteristic	unit price	Unit of measure	Quantity	Value in PLN	Remarks
1	Defibrillator	Specifications of individual items are included in Annex No. 1		pcs.	2	- zł	
2	Transport DAP Lublin item 1	from the supplier to the PRC warehouse		service	1	- zł	
3	Medical screen	Specifications of individual items are included in Annex No. 1		pcs.	6	- zł	
4	Transport DAP Lublin item 2	from the supplier to the PRC warehouse		service	1	- zł	
					Sum	- zł	

1. Prices must include all costs including VAT. Please complete the required information below and sign and stamp this sheet.

2. If the specification in the offer differs from the one required by the ordering party, please specify it in the offer

	Supplier Name	Yes	NO	Remarks
AND)	Compliance with required PCK specifications			
B)	Warranty (please indicate the warranty period in the 'Remarks' column)			
c)	Exact delivery time (please enter in the 'Remarks' column)			
D)	NIP number (please enter in the 'Remarks' column)			
E)	Validity of the offer - minimum 30 days from the the submission of the quotation ,(please specify in the 'Remarks' column)			
F)	Payment deadline - 30 days from the date of delivery / if different, please enter in the 'Remarks' column			

First name and last name

Position

Signature and stamp

company name

Date

Phone number