|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | Załącznik Nr 1.25 do SWZ | |
| **FORMULARZ CENOWY PAKIET NR 25** | | | | | | | | |  |
|  | |  |  |  |  |  |  |  |  |
|  | | | | | |  |  |  |  |
| **Lp.** | **Przedmiot** | **J.M** | **Ilość** | **Nazwa handlowa, nr katalogowy** | **Producent** | **Cena jednostkowa netto** | **Wartość netto** | **Stawka podatku VAT** | **Wartość brutto** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1 | Taśma do leczenia nietrzymania moczu SVT Helical Set 10 x 450 mm | szt. | 100 |  |  |  |  |  |  |
| **RAZEM:** | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | …………………………………………… | | |
|  |  |  |  |  |  |  | (data i podpis wykonawcy) | | |