**PRILOG II: PONUDBENI TROŠKOVNIK**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Re****br.**  | **OPIS** | **Naziv proizvoda/usluge** | **Jed.****mjere** |  **Količina** | **Jedinična cijena**  | **Ukupno (5x6)** |
| 1.  | Isporuka plina smjesa propan – butan u spremnike na lokacije Doma zdravlja Varaždinske županije |   | Kg | 4200 |  |   |
| 2. | Isporuka plina propan u spremnike na lokacije Doma zdravlja Varaždinske županije |  | kg | 4200 |  |  |
| 2.  | Najam spremnika na lokacijama DZVZ Breznica i Donja Višnjica  |   | usluga | 2 |  |  |
|  | **UKUPNO bez PDV-a :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |
| **PDV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
|  |
| **UKUPNO S PDV-om:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |
|  |

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 Ime i prezime ovlaštene osobe

M.P.

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 Potpis ovlaštene osobe