ZESTAWIENIE DOSTAW KLIŃCA

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Lp. | Data dostawy | Numer dokumentu dostawy | Nr rejestracyjny środka transportowego | Waga środka transportowego [t] | Waga środka transportowego z ładunkiem [t] | Waga klińca[t] |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
|  |  |  |  |  | Razem: |  |

**Wartość dostawy netto:**

poz. 7 (Razem) x ……….... zł netto za 1 tonę klińca = …….………….... zł

**Wartość dostawy brutto:** …………………………..…. zł

…………………….….. ………….…………...

 podpis Zamawiającego podpis Wykonawcy