|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Załącznik****nr 1 Formularz cenowy** |  |  |  |  |  |  |  |  |  | **PN 04/21** |  |  |
|  | OBSZAR WROCŁAWIA | POZA OBSZAREM WROCŁAWIA |  |  |
| **Rodzaj transportu** | **km** | **Stawka za 1 km** | **Wartość brutto** | **w/h** | **Stawka za** **1 Roboczogodzinę** | **Wartość brutto** | **km** | **Stawka za 1 km** | **Wartość brutto** | **w/h** | **Stawka za 1 wozogodzinę** | **Wartość brutto** | **wartość ogólna** |
| **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** |
|  |  |  |  |  |   |  |  |  |   |  |  |  | **5+8+11+14** |
| Transport medyczny z zespołem podstawowym (P)\* | 4600 |   |   | 200 |  |   | **2300** |   |  | **80** |   |   |  |
| **RAZEM**  |  |  |   |  |  |   |  |  |   |  |  |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | Podpis |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |