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|  | **Załącznik**  **nr 1 Formularz cenowy** | |  | |  | |  |  | |  | |  |  | |  |  | | **PN 30/21** | |  | |  |
|  | 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** |  |  | |  | |  | |  |  | | |  | |  |  | |  | |  | |  |  |
|  |  |  | |  | |  | |  |  | | |  | |  |  | |  | |  | |  |  |
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