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|  | **TROŠKOVNIK / BILL OF QUANTITIES** | | | | | |
| **BR. / NO.** | **OPIS STAVKE / DESCRIPTION OF THE ITEM** | **JEDINICA MJERE / UNIT** | **KOLIČINA / QUANTITY** | **CIJENA PO  JEDINICI MJERE  bez PDV-a / PRICE BY UNIT without VAT** | **VALUTA (HRK ILI EUR) / CURRENCY (HRK or EUR)** | **UKUPNA CIJENA  (stupac IV x stupac V)  bez PDV-a / TOTAL PRICE (column IV x column V) without VAT** |
| **I** | **II** | **III** | **IV** | **V** | **VI** | **VII** |
| **1.** | Aparat za liječenje disfunkcije Meibomovih žlijezda, uključujući sve zavisne troškove, troškove transporta do mjesta isporuke te isporuka tehničke dokumentacije za rukovanje na hrvatskom ili engleskom jeziku / Device for treatment of Meibomian Gland Dysfunction including all connected costs, transportation costs to the point of delivery and delivery of technical documentation for handling in Croatian or English. | komad | 1 |  |  |  |
|  | **Ukupno (bez PDV-a) / Total (without VAT)** | | | | |  |
|  | **PDV / VAT** | | | | |  |
|  | **UKUPNO (s PDV-om) / TOTAL (with VAT)** | | | | |  |
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|  | Datum / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | M.P. / Stamp |  |  | (Potpis ovlaštene osobe Ponuditelja) / Signature of the authorised person of the Bidder) | |