***ALBERTOV 6, 128 43 PRAGUE 2, CZECH REPUBLIC***

**Name of the service laboratory, department …**

**Ancillary activity – No.: NS/TA-Akce**

## HANDOVER PROTOCOL

I as the authorized representative of the customer certify hereby the receipt of the deliverables in the agreed quantity, quality and period.

Subject of delivery: **………..**

The agreed price of the subject of delivery: Price excluding VAT: **0** CZK

VAT 0%: **0** CZK

Price including VAT: **0** CZK

|  |  |
| --- | --- |
| **Customer**: **Name:***The precise name of the institution, to which the invoice is sent* |  |
| **Seat:** *The full billing address of the institution* |  |
| **Contact address:** *The address for sending the invoce, if it is different from the address of the institution* |  |
| **VAT Number:** |  |
| **Authorized representative of the Customer:** *Name of the person responsible for the invoice payment ( Grant principal investigator, Head of the Department etc..)*  |  |
| **Purchase order No. :***Fill as needed* |  |

In …………………….. Date ……………………

………………………………………………………… Signature, stamp

Handed over (příkazce operace)……………………….