*Załącznik nr 3*

*ZP.17.30.2020*

*ZAMÓWIENIE z dnia ………………..2020r.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Dane zamawiającego:***   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | *Nazwa firmy* | | ***Szkoła Podstawowa im. Kazimierza Odnowiciela w Pobiedziskach*** | | | | | *Ulica* | ***Kostrzyńska 23*** | *Miasto* | ***Pobiedziska*** | *Kod* | ***62-010*** | |
|  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | ***Lp.*** | ***Nazwa zamawianego produktu*** | ***Ilość*** | ***Data dostawy*** | ***Minimalny termin przydatności do spożycia*** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |