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| **Danske Fragtmænd** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Aftalenummer: | | | | | | **5911** | | | |
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| **FAKTURERINGSOPLYSNINGER (Alle felter skal udfyldes)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Navn på medarbejder** |  |  | **Debitornummer** |
|  |  |  | 59110000 |
| **Fødselsdato og år** |  |  | **Faktureringsmetode** |
|  |  |  | online faktura |
| **Navn på udsteder** |  |  | **E-mail til fakturering** |
|  |  |  | kreditor@fragt.dk |
| **Telefon til udsteder** |  |  | **Reference:** |
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| **E-mail til udsteder** |  |  |  |
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| **Dato og underskrift** | | | | | | | | | | | | | | |  |  |  |
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| **BESTILLINGSOPLYSNINGER** |

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| **Tilvalg (Kun ved accept eller i henhold til aftalen)** | | | | | | | | | | | | | | | | | | |  |  |  |
|  | SuperClean antirefleks og hærdning (Forbedret antirefleks med antistatisk, smuds- og vandafvisende overflade) | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |  |  |  |
|  | Blue-Block antirefleks og hærdning (Forbedret antirefleks med blåt lys filter, antistatisk, smuds- og vandafvisende overflade) | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |
|  | Nikkelfrit stel ved dokumenteret nikkelallergi | | | | | | | | | | | | | | | | | | | | |
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|  | Tynde letvægtsglas 1.60 er tilladt ved styrker over +/- 3.00 | | | | | | | | | | | | | | | | | | | | |
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| **Bemærkninger** | | | | | | | | | | | | | | | | | | |  |  |  |
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| **BEHOVSOPLYSNINGER (Alle felter skal udfyldes)** |

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| **Oplysninger om dagligt skærmarbejde** | | | | | | | |  |  | **Opmåling af arbejdsområde** | | | | | | | | | | | | | | | | | | | |
| Mit daglige skærmarbejde udgør i timer | | | | |  | | timer |  |  | **A** | | Afstand fra øje til primær skærm | | | | | | | | | | | | |  |  | | cm | |
|  | | | | | | | |  |  |  | | | | | | | | | | | | | | |  |  |  |  | |
| Benytter to eller flere stationære skærme | | Nej | |  | | Ja |  |  |  | **B** | | Afstand fra øje til tastatur | | | | | | | | | | | | |  |  | | cm | |
|  | | | | | | | |  |  |  | | | | | | | | | | | | | | |  |  |  |  | |
| Benytter allerede skærmbriller | | Nej | |  | | Ja |  |  |  | **C** | | Afstand fra øje til manuskript | | | | | | | | | | | | |  |  | | cm | |
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| **Angiv foretrukne arbejdsområde** | | | | | | | |  |  | **D** | | Afstand fra gulv til øjenhøjde | | | | | | | | | | | | |  |  | | cm | |
|  | | | | | | | |  |  |  | |  | | | | | | | | | | | | | |  | |  | |
|  |  | |  | | | | |  |  | **E** | | Afstand fra gulv til øverste tekstlinje | | | | | | | | | | | | |  |  | | cm | |
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