DRAFT ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER
2. CONTRACT NO. (If any)
3. ORDER NO.
4. REQUISITION/REFERENCE NO.
   a. NAME OF CONSIGNEE
   b. STREET ADDRESS
   c. CITY
   d. STATE
   e. ZIP CODE

5. ISSUING OFFICE (Address correspondence to)
   a. NAME OF CONTRACTOR
   b. DUNS NUMBER
   c. CONTACT PHONE NUMBER
   d. E-MAIL:
   e. FAX:

6. SHIP TO:
   a. NAME OF CONSIGNEE
   b. ADDRESS
   c. CITY
   d. STATE
   e. ZIP CODE

7. TO:
   a. NAME OF VENDOR
   b. STREET ADDRESS
   c. CITY
   d. STATE
   e. ZIP CODE

8. TYPE OF ORDER
   a. PURCHASE ORDER
   b. DELIVERY ORDER – Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA
   -------------------- $0.00USD

10. REQUISITIONING OFFICE
   AMERICAN EMBASSY ASHGABAT
   ATTN: FM

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
   a. SMALL
   b. OTHER THAN SMALL
   c. DISADVANTAGED
   d. WOMEN-OWNED
   e. HUBZone
   f. SERVICE-DISABLED VETERAN-OWNED
   g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM
   h. EDWOSB

12. F.O.B. POINT
   Destination

13. PLACE OF
   a. INSPECTION
   b. ACCEPTANCE

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)
   31 Mar 2021

16. DISCOUNT TERMS

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO. (a)</th>
<th>SUPPLIES OR SERVICES (b)</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT (d)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SEE LINE ITEM DETAIL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. SHIPPING POINT
19. GROSS SHIPPING WEIGHT
20. INVOICE NO.
21. MAIL INVOICE TO:
   a. NAME
   b. STREET ADDRESS
   c. CITY

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME Typed

TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

DRAFT OPTIONAL FORM 347 (REV. 9/2012)
Prescribed by GSA/FAR 48 CFR 53.213(f)
**Order Comments:**

General conditions.

**PAYMENT TERM:** NET 30 Days (100% of the total contract price will be paid by bank transfer to the Supplier’s account after delivery and acceptance of goods)

Shipping: Ashgabat Direct OR NJ, 08902 USA

SAM registration is required (https://sam.gov/)

For US vendors - if a quote is more or equals 10,000 USD

For other Vendors - if a quote is more or equals 30,000 USD

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<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>Portable resistive load bank for generator maintenance (see the attachment). Поративный блок резистивной нагрузки для обслуживания генератора (см. приложение). Generatoryň hyzmaty üçin göçme garşylykly ýük gurnamasy (goşunda ser.) 200kW/400VAC/50HZ/3PH</td>
<td>1.00</td>
<td>each</td>
<td>$0.00USD</td>
<td>$0.00USD</td>
</tr>
</tbody>
</table>

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17h)**  
$0.00USD