

DRAFT ORDER FOR SUPPLIES OR SERVICES

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

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1. DATE OF ORDER		2. CONTRACT NO.(If any)		6. SHIP TO: PR9600125, ASHGA				
3. ORDER NO.		4. REQUISITION/REFERENCE NO. PR9600125		a. NAME OF CONSIGNEE ATTN: GSO				
5. ISSUING OFFICE (Address correspondence to) AMERICAN EMBASSY ASHGABAT 9, 1984 STREET (FORMER PUSHKIN STREET) ATTN: GSO/PROCUREMENT ASHGABAT, 744000 Contact Name: Phone: Email:				b. STREET ADDRESS 9, 1984 St.				
				c. CITY ASHGABAT		d. STATE	e. ZIP CODE	
				f. SHIP VIA				
7. TO:				8. TYPE OF ORDER				
a. NAME OF CONTRACTOR DUNS NUMBER 0		CONTACT PHONE NUMBER E-MAIL: FAX:		<input type="checkbox"/> a. PURCHASE ORDER REFERENCE YOUR: _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		<input type="checkbox"/> 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.		
b. COMPANY NAME NOVENDOR		c. STREET ADDRESS						
d. CITY	e. STATE	f. ZIP CODE						
9.ACCOUNTING AND APPROPRIATION DATA ----- \$0.00USD				10. REQUISITIONING OFFICE AMERICAN EMBASSY ASHGABAT ATTN: FM				
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> 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)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
SEE LINE ITEM DETAIL						
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.	
	21. MAIL INVOICE TO:					17(h) TOT. (Cont. pages)
	a. NAME AMERICAN EMBASSY ASHGABAT					
	b. STREET ADDRESS (or P.O. Box) 9, 1984 St. ATTN: GSO					
c. CITY ASHGABAT d. STATE e. ZIP CODE						
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME Typed		
				TITLE: CONTRACTING/ORDERING OFFICER		

**DRAFT ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO.

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DATE OF ORDER	TITLE	CONTRACT NO.		ORDER NO.		
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Load Bank for generator maintenance					
0001	Portable resistive load bank for generator maintenance (see the attachment). Портативный блок резистивной нагрузки для обслуживания генератора (см. приложение). Generatoryň hyzmaty üçin göçme garşylykly ýük gurnamasy (goşunda ser.) 200kW/400VAC/50HZ/3PH	1.00	each	\$0.00USD	\$0.00USD	

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

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17h)

\$0.00USD

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DRAFT OPTIONAL FORM 348
(REV. 9/2012)

Prescribed by GSA - FAR (48 CFR) 53.213(f)