

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: PR8524551, ASHGA			
3. ORDER NO.		4. REQUISITION/REFERENCE NO. PR8524551		a. NAME OF CONSIGNEE ATTN: GSO			
5. ISSUING OFFICE (Address correspondence to) Contact Name: Phone: Email:				b. STREET ADDRESS 7070 ASHGABAT PLACE			
				c. CITY WASHINGTON		d. STATE DC	e. ZIP CODE 20521-7070
				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				10. REQUISITIONING OFFICE AMERICAN EMBASSY ASHGABAT ATTN: GSO			
c. STREET ADDRESS							
d. CITY	e. STATE	f. ZIP CODE					
9.ACCOUNTING AND APPROPRIATION DATA ----- \$0.00USD							
11. BUSINESS CLASSIFICATION (Check appropriate box(es))						12. F.O.B. POINT Destination	
<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							
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 05 Sep 2019		16. DISCOUNT TERMS	
a. INSPECTION	b. ACCEPTANCE						

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.		17(h) TOT. (Cont. pages)	
	21. MAIL INVOICE TO:					
	a. NAME AMERICAN EMBASSY ASHGABAT				\$0.00USD	
	b. STREET ADDRESS (or P.O. Box) 9, 1984 STREET (FORMER PUSHKIN STREET) ATTN: FMO					
	c. CITY ASHGABAT	d. STATE	e. ZIP CODE 744000			
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME Typed		
				TITLE: CONTRACTING/ORDERING OFFICER		

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

PAGE NO.

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

DATE OF ORDER		TITLE		CONTRACT NO.		ORDER NO.	
		GSO/Forklift					
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)	
0001	Hyster Forklift/narrow aisle order picker or similar For in door use. Dimensions to note: Narrowest aisle: 85 inches (structure to structure) Tallest shelf: 17.5 ft PLEASE ATTACH TECHNICAL SPECS.	1.00	each	\$0.00USD	\$0.00USD		

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)