

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: PR8629950, ASHGA				
3. ORDER NO.		4. REQUISITION/REFERENCE NO. PR8629950		a. NAME OF CONSIGNEE ATTN: GSO				
5. ISSUING OFFICE (<i>Address correspondence to</i>) AMERICAN EMBASSY ASHGABAT 9, 1984 STREET (FORMER PUSHKIN STREET) ATTN: GSO/PROCUREMENT ASHGABAT, 744000 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								
c. STREET ADDRESS								
d. CITY	e. STATE	f. ZIP CODE		10. REQUISITIONING OFFICE AMERICAN EMBASSY ASHGABAT ATTN: MO				
9.ACCOUNTING AND APPROPRIATION DATA ----- \$0.00USD								
11. BUSINESS CLASSIFICATION (<i>Check appropriate box(es)</i>)						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	<input type="checkbox"/> h. EDWOSB							
13. PLACE OF a. INSPECTION		b. ACCEPTANCE	14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (<i>Date</i>) 06 Oct 2019		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.		17(h) TOT. (<i>Cont. pages</i>)		
	21. MAIL INVOICE TO:						
	a. NAME AMERICAN EMBASSY ASHGABAT				\$0.00USD		17(i) (GRAND TOTAL)
	b. STREET ADDRESS (<i>or P.O. Box</i>) 9, 1984 St. ATTN: GSO						
c. CITY ASHGABAT		d. STATE	e. ZIP CODE				
22. UNITED STATES OF AMERICA BY (<i>Signature</i>)			23. NAME <i>Typed</i> 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.	
		KeyWatcher for NEC					
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)	
0001	KeyWatcher Touch Unit with magnetic card reader. 6 - 16 key modules Similar to attachment 1.	1.00	each	\$0.00USD	\$0.00USD		
0002	KeyWatcher Touch with magnetic strip reader. 2 cabinet design. 6 - 16 key modules per cabinet. Similar to Attachment 2.	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)