

**DRAFT ORDER FOR SUPPLIES OR SERVICES**

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

PAGE OF PAGES  
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1. DATE OF ORDER		2. CONTRACT NO.(If any)		6. SHIP TO: PR9393517, ASHGA			
3. ORDER NO.		4. REQUISITION/REFERENCE NO. PR9393517		a. NAME OF CONSIGNEE ATTN: GSO			
5. ISSUING OFFICE (Address correspondence to)  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		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 25 Dec 2020			
a. INSPECTION	b. ACCEPTANCE			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)
	<b>SEE LINE ITEM DETAIL</b>					
<b>SEE BILLING INSTRUCTIONS ON REVERSE</b>	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.	
	21. MAIL INVOICE TO:					
	a. NAME AMERICAN EMBASSY ASHGABAT				17(h) TOT. (Cont. pages)	
	b. STREET ADDRESS (or P.O. Box) 7070 ASHGABAT PLACE ATTN: FMO					
c. CITY WASHINGTON		d. STATE DC	e. ZIP CODE 20521		17(i) (GRAND TOTAL)	
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)
	Manlifts for NEC					
0001	Description: Electric Scissor Lift, Comments: Yes Drive, DC Power Source, 25 ft. Max. Work Height, 500 lb. Load Capacity - 800W, 24V DC, 120V AC, 60 Hz  Recommended: brand -GENIE, model- GS-1930 OR EQUAL;	1.00	each	\$0.00USD	\$0.00USD	
0002	Industrial Platform Comments: Drive No Power Source DC Load Capacity 350 lb. Closed Height 6 ft 6 In. Max Work Height 35 ft 6 In. Recommended: brand -GENIE, model- IWP30SDC; OR EQUAL	1.00	each	\$0.00USD	\$0.00USD	

**Order Comments:**

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 1<sup>ST</sup> 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)