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.
   PR9393517
   a. NAME OF CONSIGNEE
   ATTN: GSO
   b. STREET ADDRESS
   9, 1984 St.
   c. CITY
   ASHGABAT
   d. STATE
   e. ZIP CODE
5. ISSUING OFFICE (Address correspondence to)
   Contact Name: _____________________________________________
   Phone: ______________________
   Email: ______________________
6. SHIP TO:
   PR9393517, ASHGA
7. TO:
8. TYPE OF ORDER
   a. NAME OF CONTRACTOR
   DUNS NUMBER
   0
   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))
    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)
   25 Dec 2020
16. DISCOUNT TERMS

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</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
   AMERICAN EMBASSY ASHGABAT
   b. STREET ADDRESS (or P.O. Box)
   7070 ASHGABAT PLACE
   ATTN: FMO
   c. CITY
   WASHINGTON
   d. STATE
   DC
   e. ZIP CODE
   20521

17(h) TOT. (Cont. pages)

17(l) (GRAND TOTAL)

$0.00USD

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME Typed

TITLE: CONTRACTING/ORDERING OFFICER

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PREVIOUS EDITION NOT USABLE

DRAFT OPTIONAL FORM 347 (REV. 9/2012)
Prescribed by GSA/FAR 48 CFR 53.213(f)
**DATE OF ORDER** | **TITLE** | **CONTRACT NO.** | **ORDER NO.**
--- | --- | --- | ---

<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>0001</td>
<td>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;</td>
<td>1.00</td>
<td>each</td>
<td>$0.00USD</td>
<td>$0.00USD</td>
<td></td>
</tr>
<tr>
<td>0002</td>
<td>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</td>
<td>1.00</td>
<td>each</td>
<td>$0.00USD</td>
<td>$0.00USD</td>
<td></td>
</tr>
</tbody>
</table>

**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 1ST PAGE (ITEM 17h) | $0.00USD |

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