

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: PR9614461, ASHGA	
3. ORDER NO.	4. REQUISITION/REFERENCE NO. PR9614461	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: Eleonora Tatyana Phone: Email: TatyanaEV@state.gov		b. STREET ADDRESS 7070 ASHGABAT PLACE	
		c. CITY WASHINGTON	d. STATE DC
		e. ZIP CODE 20521-7070	
7. TO:		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		
9.ACCOUNTING AND APPROPRIATION DATA ----- \$0.00USD		10. REQUISITIONING OFFICE AMERICAN EMBASSY ASHGABAT ATTN: RSO	

11. BUSINESS CLASSIFICATION (<i>Check appropriate box(es)</i>) <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
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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>) 10 Jan 2021	16. DISCOUNT TERMS
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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				
	b. STREET ADDRESS (<i>or P.O. Box</i>) 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 (<i>Signature</i>)	23. NAME <i>Typed</i> TITLE: CONTRACTING/ORDERING OFFICER
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**DRAFT ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO.

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ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
DATE OF ORDER		TITLE left-handed motor vehicle for BG program		CONTRACT NO.		ORDER NO.
0001	TOYOTA PRADO 2.7 (or equal) left-handed motor vehicle Attached is technical specification of the requested vehicle white or silver color of the vehicle	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)