

DRAFT ORDER FOR SUPPLIES OR SERVICES

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

PAGE OF PAGES
Page 1

1. DATE OF ORDER		2. CONTRACT NO.(If any)		6. SHIP TO: MONRO19009			
3. ORDER NO.		4. REQUISITION/REFERENCE NO. PR4622450		a. NAME OF CONSIGNEE AMERICAN EMBASSY MONROVIA			
5. ISSUING OFFICE (Address correspondence to) Contact Name: Phone: Email:				b. STREET ADDRESS 502 BENSON ST ATTN: GSO			
				c. CITY MONROVIA		d. STATE	e. ZIP CODE
				f. SHIP VIA		8. TYPE OF ORDER	
7. TO:							
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 MONROVIA ATTN: GSO/PROPERTY			

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		<input type="checkbox"/> h. EDWOSB			
13. PLACE OF					
a. INSPECTION	b. ACCEPTANCE			15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 02 Sep 2015	
				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. (Cont. pages)
	21. MAIL INVOICE TO:						
	a. NAME AMERICAN EMBASSY MONROVIA						17(i) (GRAND TOTAL)
	b. STREET ADDRESS (or P.O. Box) 502 Benson Street ATTN: FMC						
c. CITY MONROVIA		d. STATE		e. ZIP CODE			

22. UNITED STATES OF AMERICA BY (Signature)	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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DATE OF ORDER		TITLE		CONTRACT NO.		ORDER NO.	
		p.Replenishment of Air Conditioners for new Fiscal Period					
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)	
0001	Air Conditioners, 220V/50Hz Split Unit- Complete Set 12000 BTU	50.00	each	\$0.00USD	\$0.00USD		
0002	Air Conditioners, 220V/50Hz Split Unit/Condensers ONLY 12000 BTU	25.00	each	\$0.00USD	\$0.00USD		
0003	Air Conditioners, 220V/50Hz Split Unit/ Complete Set 18000 BTU	50.00	each	\$0.00USD	\$0.00USD		
0004	Air Conditioner, 220V/50HZ Split Unit-Condensers Only 18000 BTU	25.00	each	\$0.00USD	\$0.00USD		
0005	Air Conditioners, 220V/50Hz Split Unit/ Complete Set 24000 BTU	40.00	each	\$0.00USD	\$0.00USD		
0006	Air Conditioners, 220V/50Hz Split Unit/Condensers Only 24000 BTU	25.00	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)

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