

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: MONRO19009				
3. ORDER NO.		4. REQUISITION/REFERENCE NO. PR4624671		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				
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								
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		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 02 Sep 2015		16. DISCOUNT TERMS		
a. INSPECTION		b. ACCEPTANCE						

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				\$0.00USD	
	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 Typed TITLE: CONTRACTING/ORDERING OFFICER		
						17(i) (GRAND TOTAL)

**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 Free Standing Air Conditioners					
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)	
0001	Air Conditioner, 220v/60hz 48000 Free Standing Unit Complete Set	3.00	each	\$0.00USD	\$0.00USD		
0002	Air Conditioner, 220v/50hz 48000 Free Standing Unit Complete Set	5.00	each	\$0.00USD	\$0.00USD		
0003	Air Conditioner, Split Unit-12000BTU 220v/60hz Condensers Unit Only	25.00	each	\$0.00USD	\$0.00USD		
0004	Air Conditioner, Split Unit-18000BTU 220v/60hz Condensers Unit Only	25.00	each	\$0.00USD	\$0.00USD		
0005	Air Conditioner, Split Unit-24000BTU 220v/60hz Condensers Unit Only	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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