

ORDER FORM

ORIGINAL	
Number	XX/XX.202X
Date	XX/XX/202X

[Name and address of Contractor]

Framework Contract ref.:	[KSCR/SPO]/CONT/202X- 202X/XXX	Duration of contract:	[from date to date]
Framework Contract title:	XXXX		
CEP number:	XXXX		

Dear Sir/Madam,

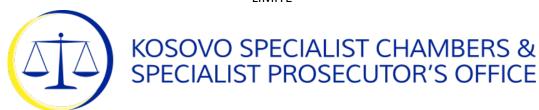
In accordance with the Framework Contract referred to above, we hereby request the provision of <nature and scope of the [services/supplies] (delete as necessary) sought> for the total amount of <amount in currency of contract> as shown below:

as per the Budget I	t he ordered services/supplies Breakdown Annex of the contract <i>ew lines if necessary)</i>	Quantity	Unit cost	Total cost
Currency		I	Total amount	

Such [services/supplies] (delete as necessary) must be [rendered/delivered] (delete as necessary) at <place(s), [from-to]/[before/on] (delete as necessary) date(s) and time(s)>.

Sincerely,

LIMITE



Prepared by the Project Manager:

[Name]	
[Title]	
[Unit]	
Location, date and signature	

Approved by the Budget Holder:

[Name]
[Title]
[Unit]
Location, date and signature

Verified by the Procurement Unit:

[Name] [Title]	
Location, date and signature	

Received & acknowledged by the Contractor:

[Name]
[Title]
[Unit]
Location, date and signature