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| stema_JPG | PURCHASE ORDER |
| Overseas Mission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **The Republic of Kosovo** | **p.o.** # \_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Street, Address\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, Region, Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| VENDOR | ***Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Street, Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***City, Region, Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | Deliver TO | ***Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Organisation Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Street, Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***City, Region, Postal Code\_\_\_\_\_\_\_\_\_\_\_\_***  ***Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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| Delivery METHOD | Delivery TERMS | DELIVERY DATE |
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| item # | Qty | description | unit price | total |
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| subtotal | | | |  |
| Diplomatic status – Taxation – Not Applicable tax | | | |  |
| total | | | |  |

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| 1. Please send two copies of your invoice. 2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above, or as in the RFQ mentioned. 3. Please notify us immediately if you are unable to delivery as specified. 4. Send all correspondence to:   Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street, Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, Region, Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PLEASE REFER TO OUR **REQUEST FOR QUOTATION**  RFQ #\_\_\_\_\_\_\_\_\_\_\_ DATED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Reference\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Our Phone \_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Authorised by | Date |