

SUPPLY ORDER FORM N° [complete]

governed by the provisions of the Framework Contract N° [complete] signed on [complete date] by and between the European Union Monitoring Mission in Georgia and [complete]

<Full official Name of the Contractor> <Full official address> <Business registration number> <VAT number> ¹		European Union Monitoring Mission in Georgia (EUMM) 49 Krtsanisi Street 0114 Tbilisi Georgia		
N°	Description of the supplies	Quantity	Unit Price [Currency]	SUBTOTAL [Currency]
1				
2				
3				
4				
5				
6				
Discount (if any)				
TOTAL PRICE (INCLUDING SHIPPING AND DELIVERY CHARGES)				
Delivery schedule: shall not exceed [complete] calendar days from the date of signature of the Order Form by all parties. Delivery terms (DDP incoterms): EUMM warehouse, 49 Krtsanisi Street, 0114 Tbilisi, Georgia.				
Execution of this order shall start from the date of signature of the Order form by all parties.		<i>Other details:</i>		

For the Contractor,

Name and title [complete]

Signature: _____

Done at [] on [complete place and date]

For the Contracting Authority,

Name and title [complete]

Signature: _____

Done at Tbilisi on [complete date]

¹ Except where the Contracting party is not VAT registered.