



**KOSOVO SPECIALIST CHAMBERS &
SPECIALIST PROSECUTOR'S OFFICE**

ORDER FORM

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

<Contractor name and address as per the contract>

Framework Contract nr.:	XXX/CONT/202X-202X/XXX		
Contract validity:	from:		to:
Framework Contract title:			
CEP number:			

Dear Sir/Madam,

In accordance with the Framework Contract referenced above, we hereby request provision of [services/supplies] *(delete as necessary)* as shown below.

Implementation period:	Such [services]/[supplies] <i>(delete as necessary)</i> must be [rendered]/[delivered] <i>(delete as necessary)</i> at <place(s), <i>(for services)</i> [from-to]/[on] / <i>(for supplies)</i> [before]/[on] <i>(delete as necessary)</i> date(s) and time(s)>.
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Description of the ordered services/supplies <i>(as per the Budget Breakdown Annex of the contract) (delete obsolete lines, or insert new lines if necessary)</i>	Item line nr <i>(as per contract Budget Breakdown)</i>	Quantity	Unit cost <i>(displays 5 decimals)</i>	Total cost
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
Currency	EUR	Total amount		0.00

The itemised [services]/[supplies] <i>(delete as necessary)</i> , quantities, their unit prices and maximum value of the Order Form, must be [rendered]/[delivered] <i>(delete as necessary)</i> as stated. No deviations are accepted.	○
The itemised services are an estimation of services to be rendered during the stated	

implementation period. The services listed, their unit prices and the maximum value of the Order Form must be complied with. However, quantities per listed service may vary.	●
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Note for the Contractor: The maximum value of this Order Form must in no event be exceeded. Invoices or requests for payment exceeding the maximum value of this Order Form will not be satisfied. You must stop rendering any services and/or delivering any supplies as soon as the maximum value of this Order Form has been reached and immediately communicate this fact to the contract Project Manager mentioned below.

Prepared by contract Project Manager:

Name:	
Title:	
Unit:	
Date and signature	

Verified by Procurement Unit:

Name:	
Title:	
Date and signature	

Approved by contract Budget Holder:

Name:	
Title:	
Unit:	
Date and signature	

Received and agreed by Contractor:

Name:	
Title:	
Unit:	
Date and signature	