

EUROPEAN PARLIAMENT

(Give official address in Luxembourg, Brussels or Strasbourg)



DG/Unit/Department: _____

ORDER FORM No <serial number>/ Year
PO N°: XXXXXXXXX
Please use these references on any correspondence and invoice.

Framework contract reference: _____

(Contractor's name) _____

FpC number _____

(address) _____

Other references: _____

(email) _____

Reference	Description	Time limits	Quantity	Unit price	Discount	Total	VAT
					Total excluding tax		EUR
					VAT		EUR
					Other tax		EUR
					Total including all tax		EUR

Place of delivery/performance: *(mandatory)*

Time limit for delivery/performance: *(mandatory if no deadline is indicated in the table above)*

Special conditions of delivery/performance:

Indemnification/Warranty period¹: _____

with effect from: _____ – _____

Special conditions (invoicing, penalties applicable and other): _____

Contact person(s) (name/email address): _____

The law applicable to this order form shall be that indicated in the framework contract.
(Where applicable, include text concerning VAT here)

The documents specified below form an integral part of the order form and take precedence over each other in the following order:
I. Framework contract applicable to the procurement procedure
II. Invitation to submit a tender and/or tender specifications and the annexes thereto
III. Contractor's tender



Authorising officer responsible

(signature)

(surname and first name of authorising officer responsible)

Date of signature: _____