Your company name _____

Address _____

City, state, ZIP _____

Phone or email _____

PURCHASE ORDER

PO number	
PO date	
Deliver by	
Payment terms	

VENDOR

Name _____

Address _____

City, state, ZIP _____

Contact _____

SHIP TO

Name _____

Address _____

City, state, ZIP _____

Receiving contact _____

Ship via _____ Freight terms _____ Buyer _____

#	SKU	DESCRIPTION	QUANTITY	UNIT COST	LINE TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NOTES AND INSTRUCTIONS

Subtotal	
Tax	
Shipping	
Total	

Authorized by _____ Date _____

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