

```
< !DOCTYPE html>
<html>
<head><title>form</title>

<body>
<div >

  <form method="POST" action="">
    <div >
      <input type="text" name="po_number" />
      <label>PO Number</label>
    </div>
    <div>
      <input type="date" name="po_creation_date" />
      <label>PO Creation Date</label>
    </div>
    <div class="user-box">
      <input type="date" name="po_valid_date" />
      <label>PO Valid Date</label>
    </div>
    <input type = "submit" name="submit" value = "submit" />
  </form>
</div>
</body>
</html>
```