

LOCAL PURCHASE ORDER

Requestor's Name:		Date Requested:	
Position:		Purchase Order No.	
Department:		Official Receipt No.	

Purpose/ Use:	
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Supplier/ Vendor Name:		TIN No.:
Supplier/ Vendor Address:		VAT ____ Non-VAT ____
Contact Person:		
Contact Number:		
Delivery Date:		

Item No.	Item	Item Description	Quantity	Unit Price	Total Cost

Discount:	
Delivery Fee:	
TOTAL:	

Prepared by:

 (Sign over printed Name)
 Requestor's Name

Approved by:

 (Sign over printed Name)
 Finance Controller

Verified by:

 (Sign over printed Name)
 Department Head

Received by:

 (Sign over printed Name)
 Requestor/ Authorized Personnel