

PURCHASE ORDER

DATE _____
ORDER NO. _____

VENDOR: _____

SHIP TO: _____

CONTACT NAME _____
CLIENT COMPANY NAME _____
ADDRESS _____

PHONE _____

NAME/DEPT _____
CLIENT COMPANY NAME _____
ADDRESS _____

PHONE _____

SHIP VIA	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

CODE	PRODUCT NAME/DESCRIPTION	QTY	UNIT PRICE	TOTAL

REMARKS/NOTES

SUBTOTAL _____
DISCOUNT _____
SUBTOTAL LESS DISCOUNT _____
TAX RATE _____
TOTAL TAX _____
SHIPPING/HANDLING _____
TOTAL
SIGNATURE