



GimBooks

[Street Address]
[City, ST ZIP]
Phone: (000) 000-0000
Fax: (000) 000-0000
Website:

PURCHASE ORDER

DATE 16-07-2024
PO # [123456]

VENDOR

[Company Name]
[Contact or Department]
[Street Address]
[City, ST ZIP]
Phone: (000) 000-0000
Fax: (000) 000-0000

SHIP TO

[Name]
[Company Name]
[Street Address]
[City, ST ZIP]
[Phone]

REQUISITIONER	SHIP VIA	F.O.B.	SHIPPING TERMS

Comments or Special Instructions

SUBTOTAL 2,325.00

TAX -

SHIPPING

OTHER -

TOTAL ₹ 2,325.00

If you have any questions about this purchase order, please contact
[Name, Phone #, E-mail]