|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S U R A T P E S A N A N**  **(Purchase order)** | | | | |
| Kepada Yang Terhormat  **{{supplier}}**  **{{supplier\_add**  **}}** | | | | PT. BINA SAN PRIMA  Nasional Healt Care Consumer Product & Raw Material Distributor  Jl.Tamansari No.12 Bandung – 40116  Phone : (022) 4207725  Fax : (022)  INDONESIA  NPWP |
| Tanggal P.O.  Nomor P.O. | | : {{po\_date}}  : {{po\_no}} | | |
| Tanggal Pengiriman Barang  Ref  Syarat Pembayaran  Lampiran | | : {{arrival\_date}}  : {{refer}}  : {{termofpayment}}  : {{lamp}} | | |
| Sesuai dengan penawaran harga yang diberikan dengan ini kami memesan barang-barang sebagai berikut: | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Jumlah | Satuan | NAMA BARANG | | HARGA | |
| Satuan | Jumlah |
| {%tr for item in items %} | | | | | | |
| {{item.get(‘no’)}} | {{item.get(‘product\_qty’)}} | {{item.get(‘product\_uom’)}} | {{item.get(‘product\_name’)}} | | {{item.get(‘price\_unit’)}} | {{item.get(‘price\_total’)}} |
| {%tr endfor %} | | | | | | |
| BPPB No.: {{bppb\_no}} | | | | TOTAL sebelum Pajak  TOTAL Pajak 10%  TOTAL | | {{**total\_untaxed**}}  {{**total\_tax**}}  {{total\_amount}} |

Uang Muka:

|  |  |  |
| --- | --- | --- |
| Tanggal | Jumlah | Keterangan |
| {%tr for dp in down\_payments %} | | |
| {{dp.get(‘dp\_date’)}} | {{dp.get(‘dp\_amount’)}} | {{dp.get(‘remark’)}} |
| {%tr endfor %} | | |