

For :

PO Date :

Code	Item No	Description	Unit Price	Qty	Amount (Rp)	Delivery
					Before VAT	
					% VAT	
Total					10	

Delivery	1.	<input type="checkbox"/>	ex W/house(P/C/D)	2.	<input type="checkbox"/>	Franco(P/D)	by	<input type="checkbox"/>	Freight charge:		
Payment	1.	<input type="checkbox"/>	COD	2.	<input type="checkbox"/>	Prepaid	3.	<input type="checkbox"/>	Consignment	<input type="checkbox"/>	Free/TO/LF/RP/PT
	5.	Within <input type="text"/> days after		5a.	<input type="checkbox"/>	SJ/Inv/FP/Tender	5b.	Closing on		<input type="checkbox"/>	for the Month/Week(M/W)
	By 1)	<input type="checkbox"/>	Cash	2)	<input type="checkbox"/>	Check	3)	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Giro
		by			by			by			by

Remark :

Document required		Prepared by	Approved by	
	Copies of invoice	Marketing	(Prior)	(Post)
	Copies of Purchase Order Sheet			
2	Copies of Surat Jalan			
	Copies of Faktur Pajak			