

Company Name

Address Line 1

Address Line 2

City, State ZIP

Phone: _____

Email: _____

Purchase Order

PO Number: _____

Date: _____

SUPPLIER INFORMATION

Supplier Name: _____

Address: _____

City, State ZIP: _____

Phone: _____ Email: _____

Contact Person: _____

DELIVERY INFORMATION

Ship To: _____

Address: _____

City, State ZIP: _____

Delivery Date: _____

ORDER DETAILS

#	Item Description	Quantity	Unit	Unit Price	Total
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
					Subtotal _____
					Tax _____
					Total _____

TERMS & CONDITIONS

- Payment Terms: _____
- Delivery Terms: _____
- Other Conditions: _____

Prepared By:

Name & Date

Approved By:

Name & Date

Supplier Confirmation:

Name & Date