

Purchase Order Form

PO Number

Date

Supplier

Bill To

Ship To

#	Item Description	Quantity	Unit Price	Total
1	<input type="text" value="Item Description"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text" value="Item Description"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text" value="Item Description"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Subtotal	<input type="text"/>
			Tax	<input type="text"/>
			Total	<input type="text"/>

Notes / Terms & Conditions

Add any notes or terms here