PURCHASE ORDER

DATE	
PO #	

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

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL

SUBTOTAL	
TAX	
SHIPPING	
OTHER	
TOTAL	

Comments or Special Instructions