Company Name
Address
City, State, Zip Code

PURCHASE ORDER

DATE _____

ORDER NO. _____

VENDOR:

CONTACT NAME _____

CLIENT COMPANY NAME _____

ADDRESS _____

PHONE _____

SHIP TO:

NAME/DEPT _____

CLIENT COMPANY NAME _____

ADDRESS _____

PHONE _____

SHIP VIA	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE

CODE	PRODUCT NAME/DESCRIPTION	QTY	UNIT PRICE	TOTAL

REMARKS/NOTES

Notes

SUBTOTAL _____

DISCOUNT _____

SUBTOTAL LESS DISCOUNT _____

TAX RATE 0.00%

TOTAL TAX _____

SHIPPING/HANDLING _____

TOTAL _____

SIGNATURE _____