

Your company name

	Street address
	City, State ZIP
	Email / phone

PURCHASE ORDER

PO #	
Date	
Deliver by	
Payment terms	
Ship via	
F.O.B.	
Requisitioner	
Reference	

VENDOR

	Company
	Contact
	Street address
	City, State ZIP
	Email / phone

SHIP TO

	Company
	Contact
	Street address
	City, State ZIP
	Email / phone

Description	Qty / hrs	Rate	Total

NOTES / SPECIAL INSTRUCTIONS

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TERMS AND CONDITIONS

1. Quote this PO number on every invoice, packing slip and delivery note.
2. Supply only the items, quantities and prices on this order. Tell us before shipping if anything changes.
3. Partial deliveries need our approval. Goods are accepted after inspection on receipt.
4. Send invoices to the buyer's email above. Payment follows the terms on this order.

Subtotal	
Discount	
Tax	
Shipping	
Other	

TOTAL

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AUTHORIZED BY (SIGNATURE)

DATE