PURCHASE ORDER

Company Name: _____
Address: _____
Phone / Email: _____

PO Number: _____
Order Date: _____
Delivery Date: _____

VENDOR	SHIP TO
Name: _____	Name: _____
Address: _____	Address: _____
Phone / Email: _____	City, State ZIP: _____

Payment Terms: _____	**Shipping Method:** _____	**Requested By:** _____

#	Description	Qty	Unit Price	Total

Subtotal	$_____
Tax	$_____
Shipping	$_____
TOTAL	$_____

Notes / Special Instructions

_____
_____
_____
_____

Terms & Conditions

This purchase order is subject to the terms and conditions agreed upon between buyer and supplier. Goods/services must match the description, quantity, and pricing stated above. Please reference the PO number on all invoices and correspondence.

_____
Authorized Signature (Buyer)
Date: _____

_____
Accepted Signature (Supplier)
Date: _____