PURCHASE ORDER

[Your Company Name]
[Address]
[City, State ZIP]
[Phone] · [Email]

PO # [PO-0001]

Date [MM/DD/YYYY]

Requested by

Department

Vendor

[Vendor Name]
[Contact Name]
[Address]
[Phone] · [Email]

Ship to

[Name / Department]
[Company]
[Address]
[Phone]

Shipping method	Payment terms	Required by	FOB / Incoterms

Item #	Description	Qty	Unit price	Total

Subtotal

Tax rate

Tax

Shipping & handling

Total

SPECIAL INSTRUCTIONS

Authorized by

Name: Date:

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