



PURCHASE ORDER

DATE _____
 ORDER NO. _____

VENDOR: _____

SHIP TO: _____

CONTACT NAME _____
 CLIENT COMPANY NAME _____
 ADDRESS _____

 PHONE _____

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

SUBTOTAL _____
 DISCOUNT _____
 SUBTOTAL LESS DISCOUNT _____
 TAX RATE _____
 TOTAL TAX _____
 SHIPPING/HANDLING _____
 TOTAL
 SIGNATURE