

[COMPANY NAME]
[Company Slogan]

[Street Address]
[City, ST ZIP Code]
[Phone Number]
[Fax Number]

PURCHASE ORDER

TO:
[Purchaser Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone Number]

SHIP TO:
[Recipient Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone Number]

P.O. NUMBER:
[P.O. number]
[The P.O. number must appear on all related correspondence, shipping papers, and invoices]

P.O DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
Pick the Date				

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
		[Description of Item]	Rs.500	Rs.500

[Street Address]
[City, ST ZIP Code]
[Phone Number]
[Fax Number]

SUBTOTAL	
SALES TAX	5%
SHIPPING AND HANDLING	
OTHER	
TOTAL	Rs.525

Pick the Date