

Company Name			PURCHASE ORDER			
Street Address						
Address Line 2						
ZIP, City						
Phone						
Email Address						
			PO NUMBER		DATE	
SUPPLIER			DELIVERY ADDRESS			
Company Name			Company Name			
Street Address			Street Address			
Address Line 2			Address Line 2			
ZIP, City			ZIP, City			
Phone			Phone			
Email Address			Manager			
Manager						
			ATTN			
			Name			
Payment Terms		Expected Delivery Date	Contract Information		Specification	
					Warehouse	
					Project	
No.	SKU/ITEM NUMBER	DESCRIPTION		QTY	UNIT PRICE	AMOUNT
1	4567	Product 1		1	4	4
2	5678	Product 2		2	5	10
3	6789	Product 3		3	6	18
Comments				TOTAL NET		32
				Delivery		1
				Tax		2
				Other costs		3
Authorized Signature				TOTAL		38
						

