PURCHASE ORDER

Company:	
Address:	
City, postcode:	
Phone, email:	
Tax / VAT ID:	

PO number	
PO date	
Deliver by	
Payment terms	
Currency	

VENDOR	SHIP TO
Name:	Name / department:
Contact:	Address:
Address:	City, postcode:
City, postcode:	Contact on site:
Email, phone:	Phone:

REQUESTED BY	BUDGET / COST CENTER

#	Description	Qty	Unit price	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

NOTES AND TERMS

Please quote the PO number on your invoice and delivery note.
Deliver only the items and quantities on this order.
Invoices that don't match this order may be held.

Subtotal	
Discount	
Tax rate	
Tax	
Shipping	
TOTAL	

APPROVED BY (NAME AND TITLE)	SIGNATURE AND DATE

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