COMPANY NAME
STREET ADDRESS
CITY, STATE, ZIP
PHONE NUMBER

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PURCHASE ORDER

PURCHASE ORDER NO.

VENDOR NO.

TO:

SHIP TO:

SHIP VIA	F.O.B.	FREIGHT	TERMS

P.O. DATE	REQUEST DATE	ORDERED BY	CONFIRMING TO	REMARKS

ORDER QUANTITY	TAX	ITEM NUMBER / ITEM DESCRIPTION	UNIT COST	EXTENDED COST

PRINT DATE
PRINT TIME
PAGE #

SUBTOTAL	
FREIGHT	
SALES TAX	
ORDER TOTAL	

Form # 405