## **COMPANY NAME** STREET ADDRESS CITY, STATE, ZIP PHONE NUMBER

## **PURCHASE ORDER**

P. O. NUMBER

P. O. DATE

REQUESTED SHIP DATE LOCATION

PAGE

V E N D O R

S H I P Т О

ORDERED BY	SHIPVIA		F.O.B. TERM	S DESCRIPTION
ENTRY # ITEM ID	UNIT OF MEASURE	UNIT PRICE	ORDERED QTY	EXTENSION
TAX	FREIGHT	MISC.	PREPAID	GRAND TOTAL

Authorized Signature	

Received by