Your Business Name

Street Address, City, State Postcode, Country
Tel : (456) 3456-1234, Fax : (456) 3456-1235, Email : yourname@yoursite.com
Website : www.yoursite.com, Tax Registration Number : your tax reg. no

[Insert logo here]

Purchase Order

Purchase From	*Deliver To*		
Vendor Name	**Deliver To Name**	P. O. No#	**10001**
Street Address	Ship To Street Address	Date	14/08/2013
City, State/Province, Zip/Post code	City, State/Province, Zip/Post code	Your Ref#	
Country	Country	Our Ref#	
Attention To : Contact Person	**Attention To : Contact Person**	Credit Terms	Cash

Product ID	Description	Quantity	UM	Unit Price	Amount
2314254	Product A	2	sets	$1,200.00	$2,400.00
32543	Product B	3	pcs	$400.00	$1,200.00

Sub Total	$3,600.00
GST	$360.00
PST	$180.00
Invoice Total	**$4,140.00**
Freight	
Amount Paid	
Balance Due	**$4,140.00**

Comments

Terms & Conditions
Insert any terms and conditions you have here