[Company Name]

PURCHASE ORDER

[Company Slogan]

DATE: P.O. # 1/28/2015

[Stress Address] [City, ST ZIP]

VENDOR

Phone: [000-000-0000] Fax: [000-000-0000]

SHIP TO

[Name]
[Company Name]
[Stress Address]
[City, ST ZIP]
[Phone]

[Attn: Name]
[Company Name]
[Stress Address]
[City, ST ZIP]
[Phone]

REQUISITIONER	SHIP VIA	F.O.B.		SHIPPING TERM	IS
		-	-		
ITEM #	DESCRIPTION		QTY	UNIT PRICE	TOTAL
[22422422]	DL+ VV/7		4 -	450.00	2 250 00

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
[23423423]	Product XYZ	15	150.00	2,250.00
[45645645]	Product ABC	1	75.00	75.00
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-

Other Comments or Special Instructions				

SUBTOTAL	\$	2,325.00
TAX RATE		6.875%
TAX	\$	159.84
S & H	\$	-
OTHER	\$	-
TOTAL	Ś	2,484,84

Date

Authorized by

If you have any questions about this purchase order, please contact [Name, Phone #, E-mail, Phone, Fax]