PURCHASE ORDER

Date: [Enter a date] PO # [100]

[Your Company Name] [Street Address] [City, ST ZIP Code] [Phone] Fax [000.000.0000] [e-mail] Vendor [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

[Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

Ship To

Shipping Method	Shipping Terms	Delivery Date	

Qty	Item#	Description	Job	Unit Price	Line Total

Subtotal Sales Tax Total

- 1. Please send two copies of your invoice.
- Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
- 3. Please notify us immediately if you are unable to ship as specified.
- 4. Send all correspondence to:

[Name] [Street Address] [City, ST ZIP Code] Phone [000.000.0000] Fax [000.000.0000]

Authorized by	Date

YOUR LOGO HERE

[Your company slogan]