

[Your Company Slogan]

PURCHASE ORDER

[Street Address]
[Postal Code]
Phone [010 443 5919] Fax [010 443 5919]

P.O. NUMBER: [001]

TO:
[Name]
[Company]
[Street Address]
[City, Postal Code]
[Phone]

SHIP TO:
[Name]
[Company]
[Street Address]
[Postal Code]
[Phone]

P.O. DATE	REQUISITIONER	SITE	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
			SUBTOTAL	
			VAT	
			SHIPPING & HANDLING	
			OTHER	
			TOTAL	

[Name]
[Street Address]
[City, Postal Code]
Phone [010 443 5919] Fax [(212)444-0144]

 Authorized by

 Date