[Company Name]

PURCHASE ORDER

[Street Address] [City, ST ZIP]

Phone: (000) 000-0000 Fax: (000) 000-0000

Website:

DATE 9/29/2015 PO # [123456]

VENDOR

[Company Name]
[Contact or Department]
[Street Address]
[City, ST ZIP]

Phone: (000) 000-0000 Fax: (000) 000-0000

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SH	ш		~
	_		

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

REQUISITIONER	SHIP VIA	F.O.B.	SHIPPING TERMS

ITEM#	DESCRIPTION	QTY	UNIT PRICE	TOTAL
[23423423]	Product XYZ	15	150.00	2,250.00
[45645645]	Product ABC	1	75.00	75.00
			SUBTOTAL	2,325.00
Comments or Spec	ial Instructions		TAX	
Thank you for your b	ousiness.		SHIPPING	
			OTHER	
			TOTAL	\$2,325.00

If you have any questions about this purchase order, please contact

[Name, Phone #, E-mail]