

PURCHASE ORDER

Company Name

DATE 23-04-20

PO # 110000

VENDOR

[Company Name]

[Contact or Department]

[Street Address]

Phone: (000) 000-0000

SHIP TO

[Name]

[Company Name]

[Street Address]

[Phone]

SHIPPING TERMS	SHIPPING METHOD	DELIVERY DATE
Cost, Insurance & Freight	FEDEX	23-05-20

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
Comments or Special Instructions				
Special Note				
			SUBTOTAL	\$.00
			TAX	10%
			SHIPPING	
			TOTAL	

