## YOUR COMPANY NAME

Address (first line) Address (second line) City, Province or State, Postal Code Phone Number Fax Number

## FOR: Vendor Name Address (first line) Address (second line) City, Province or State, I Country

VENDOR INSTRUCTIONS	
Ordered by:	Purchase order number:
Order date:	Ship via:
Date required:	Partial shipment allowed:
Payment terms:	Backorders allowed:

SHIP TO	
Name:	
Company	
Address:	
City:	Province/state:
Country:	Postal code:

ITEM NO.	QTY.	ITEM DESCRIPTION		

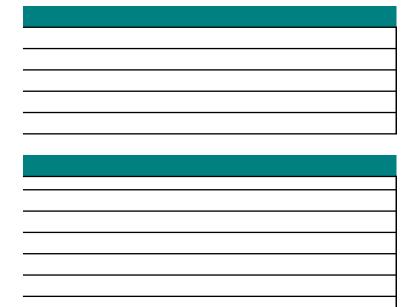
Tax rate:

Include P.O. Number on all invoices and correspondence. Please notify us immediately if this order cannot be filled on time.

NTERNAL USE ONLY		
Ordered by:	Department:	
Approved by:	Date of approval:	
Date received:		
In good order:	If not, resolved:	
Comments:		

## **PURCHASE ORDER**

Postal Code



PRICE EACH	TOTAL

