

**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

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*Tax rate:*

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

<b>INTERNAL USE ONLY</b>	
<i>Ordered by:</i>	<i>Department:</i>
<i>Approved by:</i>	<i>Date of approval:</i>
<i>Date received:</i>	
<i>In good order:</i>	<i>If not, resolved:</i>
<i>Comments:</i>	



