

# Purchase Order

DATE  
PO#

Phone:  
Fax:  
Website:

To:	Ship To:
Name:	Name:
Company:	Company:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

Date	Requisitioned By	F.O.B Points	Terms

Item#	Qty	Description	Unit Price	Total
Comments:			Subtotal	
			Tax	
			Shipping	
			Total	

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