

COMPANY NAME

123 Business Street
City, State ZIP
Phone: (555) 555-5555
Email: company@example.com

PURCHASE ORDER

PO #: PO-00001
Date: April 30, 2025
Expected Delivery: 05/15/2025

VENDOR

Vendor Name
Vendor Company
123 Vendor Street
City, State ZIP
Email: vendor@example.com

SHIP TO

Receiving Department
Company Name
123 Shipping Street
City, State ZIP
Phone: (555) 555-5555

ITEM DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Product Item 1	10	\$25.00	\$250.00
Product Item 2	5	\$40.00	\$200.00
Product Item 3	2	\$100.00	\$200.00

Subtotal: \$650.00

Tax (10%): \$65.00

Shipping: \$30.00

TOTAL: \$745.00

TERMS AND CONDITIONS

- Please send two copies of your invoice.
- Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
- Please notify us immediately if you are unable to ship as specified.
- Send all correspondence to the address above.

AUTHORIZED BY

Signature