

# Purchase Order Form

SHIP FROM:
SHIP TO:
DELIVERY IINSTRUCTIONS:

Customer Number:
Delivery needed by:
PO Number:
Sales Rep:
Ship Method:
Buyer:
Terms:

ITEM	QUANTITY	DESCRIPTION	COUNT PER UNIT	UNIT PRICE	TOTAL

TOTAL:	
S/H:	
TAX:	
FINAL TOTAL:	

NOTES:
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SIGNATURE:
TITLE:
DATE:

