

Purchase Order

654321

To	Date
Address	Date required
City, State, ZIP	Date

Ship to	How shipped
Address	Req. No. or Dept.
City, State, ZIP	For

Quantity	Prod. No.	Description	Price
1			
2			
3			
4			
5			
6			
7			
8			

Important	Please send ____ copies of your invoice with original shipping note ⁵ .
Purchase order number must appear on all invoices, packaging, etc. Please notify ¹ us immediately if you are unable to complete ² the order by ³ the date specified ⁴ .	Purchasing agent ⁶