

Purchase Order

Date:

PO Number:

Supplier Information

Name:

Address:

Phone:

Email:

Buyer Information

Name:

Address:

Phone:

Email:

#	Description	Quantity	Unit Price	Total
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal				<input type="text"/>
Tax				<input type="text"/>
Total				<input type="text"/>

Notes/Terms:

Authorized Signature: