BUYER COMPANY NAME

Address · Accounts payable email

PURCHASE ORDER

PO number PO-0001

Date Month Day, Year

Supplier quote reference Q-0001

Supplier

Supplier company

Contact name · Email

Ship to

Name, address

Bill to

Name, address, AP email

ITEMS

#	ITEM / SKU	DESCRIPTION	QTY	UNIT PRICE	TOTAL
1	SKU	Description	0	$ 0.00	$ 0.00
2	SKU	Description	0	$ 0.00	$ 0.00

Subtotal		$ 0.00
Shipping		$ 0.00
Tax	$ 0.00	(or "Exempt", certificate attached)
Total		**$ 0.00**

TERMS

Payment net 30 from invoice date.

Required delivery date Month Day, Year

Invoices must show this PO number to be processed.

APPROVED BY

Name and title _____

Signature _____

Date _____