



Purchase Order

Date:

P.O Number:

Bill-To:

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Province/Country _____
 Phone Number _____
 Fax Number _____
 Contact Name _____

Ship-To:

Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Province/Country _____
 Phone Number _____
 Fax Number _____
 Contact Name _____

Mfg. Item #	Description	Quantity	Unit Price	Amount

Ship Via Req. Date

Shipping Instructions

Sub-Total
Local Tax @
State Tax @
S & H Charge
Total

Comments:

Authorized By: _____