Blanket Purchase Order Form

PO Number

Date

Vendor Name

Vendor Address

Vendor Contact

PROCUREMENT DETAILS

Start Date

End Date

Department

Requested By

Approved By

ITEM(S)/SERVICE(S) DETAILS

Description	Quantity	Unit of Measure	Unit Price	Total Price

Maximum Order Amount

Payment Terms

SPECIAL INSTRUCTIONS / NOTES

AUTHORIZATION

Authorized Signature

_____

Date

_____