

# Purchase Order

## Supplier

Supplier Name

Address Line 1

Address Line 2

City, ZIP

Country

## Ship To

Recipient Name

Address Line 1

Address Line 2

City, ZIP

Country

## Order Info

PO Number: PO-001

Date: 2024-06-16

Terms: Net 30

#	Description	Qty	Unit Price	Total
1	Product Name 1	10	50.00	500.00
2	Product Name 2	5	100.00	500.00
			Subtotal	1,000.00
			Tax (10%)	100.00
			Total	1,100.00

## Remarks:

Goods must be delivered within 2 weeks of order date.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_