

Cosmetics Retail Purchase Order

PO Number:

Order Date:

Supplier Name:

Supplier Address:

Retailer Name:

Retailer Address:

#	Product Name	SKU/Code	Quantity	Unit	Unit Price	Total
1						
2						
3						
Subtotal						
Tax (%)						
Grand Total						

Notes / Special Instructions:

Authorized Signature

Date

Supplier Confirmation

Name & Position

Date
