# Purchase Order Form

PO Number

Date

Vendor Name

Vendor Address

Store Name

Store Address

| Item Description | Style / SKU | Size | Color | Quantity | Unit Price | Total |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Subtotal

Tax (%)

Shipping

**Total**

Additional Notes / Instructions

Expected Delivery Date

Payment Terms

_____

Authorized Signature

_____

Vendor Signature