

[Retail Chain Name]
Centralized Purchasing Department

PURCHASE ORDER

PO Number: _____ Date: _____
Supplier: _____ Supplier Code: _____
Ship To: _____
Billing Address: _____

Order Details

#	SKU / Item Code	Description	Unit	Quantity	Unit Price	Total
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
Subtotal:						_____
Tax:						_____
Total Amount:						_____

Remarks / Special Instructions

Authorized By

(Name & Signature)

Supplier Confirmation

(Name & Signature)

For inquiries, contact Centralized Purchasing at [phone/email].