

[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].