Inventory Replenishment Purchase Order

PO Number: _____
Date: _____
Expected Delivery: _____

Retail Store: _____
Store ID: _____
Store Address: _____

Supplier Name: _____
Supplier Contact: _____
Supplier Address: _____

Order Details

#	SKU / Item Code	Description	Unit	Quantity	Unit Price	Line Total	Remarks
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____

Notes / Special Instructions

_____

_____

Subtotal	_____
Discount	_____
Tax	_____
Grand Total	_____

Prepared by

_____
Date: _____

Approved by

_____
Date: _____