

FASHION BOUTIQUE

Purchase Order #: _____

Date: ____/____/____

Vendor

Name: _____

Address: _____

City, State ZIP: _____

Contact: _____

Phone: _____

Ship To

Boutique Name: _____

Address: _____

City, State ZIP: _____

Contact: _____

Phone: _____

No.	Item/Style	Description	Color	Size	Qty	Unit Price	Total

Subtotal _____

Tax _____

Shipping _____

Total _____

Notes / Instructions:

Authorized Signature

Date