

Pharmacy Merchandise Purchase Order

PO Number: _____

Date: ____ / ____ / ____

Pharmacy
Name: _____

Supplier: _____

Address: _____

Supplier
Contact: _____

Phone: _____

Email: _____

Order Details

No	Product Name	SKU / Code	Unit	Qty	Unit Price	Subtotal	Remarks
1.							
2.							
3.							
4.							
5.							

Total _____

Discount _____

Tax _____

Grand Total _____

Terms & Conditions

- Payment Terms: _____
- Delivery Date: ____ / ____ / ____
- Other Notes: _____

Ordered By:

Name: _____

Position: _____

Date: ____ / ____ / ____

Approved By:

Name: _____

Position: _____

Date: ____ / ____ / ____

Supplier Confirmation:

Name: _____

Position: _____

Date: ____ / ____ / ____

This purchase order is valid only if signed and acknowledged by both parties.