

# 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.