

Manufacturing Supplies Purchase Order Form

PO Number

Date

Department

Supplier Name

Supplier Contact

Order Details

Item Description	Part Number	Quantity	Unit	Unit Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grand Total

Shipping Address

Expected Delivery Date

Special Instructions / Notes

Requested By

Approved By

Supplier Acknowledgment