

# Purchase Order

PO NUMBER (DATE&INITIALS) EX: 51623DK

VENDOR	SHIP TO
ADDRESS	ADDRESS
REQUESTED BY:	CITY, STATE, ZIP

DATE	DATE REQUIRED	TERMS	HOW SHIPPED	DEPARTMENT	PROJECT
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QUANTITY ORDERED	QUANTITY RECEIVED	PLEASE SUPPLY LISTED ITEMS BELOW	TOWN ACCOUNT NUMBER:	PRICE	UNIT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
<b>TOTAL COST:</b>					

<p align="center"><b>IMPORTANT</b></p> <p>Purchase Order Number must appear on all invoices - packaging, etc.</p> <p>Please notify us immediately if you are unable to complete the order by date specified.</p>	<p>Please send _____ copies of your INVOICE with ORIGINAL BILL OF LADING.</p> <p>DATE SB APPROVED (OVER \$500):</p> <p>PURCHASING AGENT</p>
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