|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Your Company** | | |  | **Purchase Order** | | |  |
|  | *Your Address1* | | |  | **PO#** | | |  |
|  | *Your Address2* | | |  |  |
|  | *City, State, Pin code Country* | | |  |  | *Your Phone No. xxxxxxxxxx* | |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |
|  | *Supplier Name* | | | **Order Date:** |  | |  |  |
|  | *Address1* | | | **Payment Terms:** |  | |  |  |
|  | *Address2* | | | **F.O.B. Point:** |  | |  |  |
|  | *City, State, Pin code Country* | | | **Freight Terms:** |  | |  |  |
|  | *FAX:* | *xxx-xxx-xxxx* | | **Acct Code:** |  | |  |  |
|  | *Phone:* | *xxx-xxx-xxxx* | | **Sales Tax:** |  | |  |  |
|  | Attn: | Contact person of the supplier | |  |  | |  |  |
|  |  |  |  |  |  | |  |  |
|  | **Ship To:** | |  |  | **Invoice To:** | |  |  |
|  | *Your Company Name* | | |  | *Your Company Name* | | |  |
|  | *Your Address 1 {shipping address, godown etc.)* | | |  | *Your Address 1 {billing address-office/HQ etc.)* | | |  |
|  | *Your Address2* | | |  | *Your Address2* | | |  |
|  | *City, State, Pin code Country* | | |  | *City, State, Pin code Country* | | |  |
|  | *Your Phone No. xxxxxxxxxx* | | |  | *Your Phone No. xxxxxxxxxx* | | |  |
|  | *Attn:* | *Name* | |  | *Attn: Name* | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Tax ID:** | | **Ship via:** |  | **Required Ship Date:** | |  |  |
|  | **Item** | **Quantity** | **Part No.** | **Description** | **UM** | **Unit Price** | **Total** |  |
|  | 1 |  |  |  |  |  | ₹ - |  |
|  | 2 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Subtotal | | | | |  |  |  |
|  | GST/applicable tax | | | | | -----% |  |  |
|  | Freight | | | | |  |  |  |
|  | **Total** | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Purchase Order Comments** | | |  |  |  |  |  |
|  | This purchase order is subject to seller's acceptance of the attached terms and conditions | | | | | | |  |
|  |  |
|  |  |
|  |  |
|  | *Please sign below and return acknowledgement of this purchase order. Please notify us immediately if you are unable to supply.* | | | | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | Name & Title of supplier | | |  |  |  | Date |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Your Name** | |  |  |
|  |  |  |  |  | **Your Designation** | | |  |
|  |  |  |  |  |  |  |  |  |