

LOGO

Purchase Order

For Schools and Kindergartens

PO Number: N 000000
Date: DD/MM/YYYY



Vendor Name: Vendor Name
Vendor Address: Address
Contact Person: Full Name
Phone / Email: (999)999-9999 user_name@email.com



Buyer Name: School / Kindergarten Name
Delivery Address: Address
Contact Person: Full Name
Phone / Email: (999)999-9999 user_name@email.com

Item	Description	Quantity	Unit Price	Total
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Item	Description	Quantity	Unit Price Curr.	Total Curr.
Notes			Subtotal:	Subtotal Curr.
			Tax:	Tax %
				Tax Curr.
			Total Amount:	Total Amount Curr.

Expected Delivery Date:

DD/MM/YYYY

Authorized Signature:

