

Name _____ Period _____ Date _____



Quality foods for you!

PURCHASE ORDER

Date: _____

Vendor: ABC Quality Foods
123 ABC St.
Texas
555-555-1234

Ship to: School Name

Address

City, TX Zip Code

Phone

Shipping Method	Shipping Terms	Delivery Date

Qty	Item #	Description	Job	Unit Price	Line Total
				Subtotal	
				Sales Tax	
				Total	

- Please send two copies of your invoice.
1. Enter this order in accordance with the prices, terms, delivery method and specifications listed above.
 2. Please notify us immediately if you are unable to ship as specified.

Authorized by Date

Source of purchase order template: Free Microsoft Word™ template.