

Company Name

Street Address
City, State Zip
Phone Number
e-mail/web address

PURCHASE ORDER

INVOICE NO: 0001
DATE: February 8, 2005

The following number must appear on all related correspondence, shipping papers, and invoices:
P.O. NUMBER: 0001

To:

Ship to (if different address):

Customer Name Here
Customer Address Here
Customer Address Here
Customer City, State, Zip Code Here

P.O. DATE	REQUISITIONER	SHIP BY	SHIP VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

SHIPPING

TAX

OTHER

TOTAL

0

\$ 0

1. Please send 2 copies of your invoice
2. Enter this order in accordance with the prices, terms, and delivery method, and specifications listed above.
3. Notify us immediately if you are unable to ship as specified.
4. Send all correspondence to: Your Company Name
5. Contact Name, Phone Number

Authorized by

Date

Note: You will after entering the hours and rate you will need to right-click once on the number in the "amount" column and click on "update field" to automatically calculate the total. Delete these sentences in Red from this form after you understand how to "update field" to get the totals.