COMPANY LOGO

PO # :
PO Date :

To :	[Company Name]	**Ship To :**	[Company Name]
	[Company Address]		[Company Address]
	[City, ST, ZIP Code]		[City, ST, ZIP Code]
	Attn :		Attn :
	Phone :		Phone :
	Fax :		Fax :
	Email :		Email :

FOB	Shipped Via	Payment Term

Item No	Description	Qty	Unit Price	Total
Remarks :			Subtotal	
			Tax 3%	
			Freight	
			Total	