DIXANI - PURCHASE ORDER

Supplier Purchase Order

Buyer / Company		PO Number		PO Date	
Address		Requested Delivery		Currency	
Contact / Email		Payment Terms		Status	

SUPPLIER / VENDOR		**DELIVER TO / SHIP TO**	
Supplier Name		Location / Company	
Address		Address	
Contact / Email / Phone		Contact / Phone	

#	SKU / Item	Description / Specification	UOM	Qty	Unit Price	Disc %	Tax %	Line Total	Delivery	Remarks
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Subtotal	
Line Discounts	
Tax / VAT	
Shipping / Freight	
Other Charges	
Additional Discount	
GRAND TOTAL	

NOTES / SPECIAL INSTRUCTIONS	**TERMS & CONDITIONS**
	Please quote the PO number on invoices and delivery documents. Supply must match the approved quantity, specifica

Prepared By	**Reviewed By**	**Approved By**	**Supplier Confirmation**
Name / Signature: _____	Name / Signature: _____	Name / Signature: _____	Name / Signature: _____
Date: _____	Date: _____	Date: _____	Date: _____