LOGO

Your Business Name

Address · Phone · Email

GSTIN: _____

PURCHASE ORDER

PO No.	PO Date	Deliver By

VENDOR

Supplier Name: _____

Address: _____

GSTIN: _____

DELIVER TO

Address: _____

Contact: _____

S.No	Item / Description	HSN	Qty	Unit	Rate (₹)	Amount (₹)

AMOUNT IN WORDS

_____

BANK & UPI DETAILS

Bank name: _____

A/c no.: _____

IFSC: _____

UPI ID: _____

UPI QR

Subtotal	₹
GST Rate (%)	%
GST Amount	₹
Total	**₹**

TERMS & NOTES

1. Please quote this PO number on your invoice and delivery challan.
2. Payment terms: _____
3. Goods not matching the order may be returned.

For Your Business Name

_____

Authorised Signatory