

# Purchase Order

P.O. Number:

P.O. Date:

Terms:

## Ordered By:

Company:

Address:

State/Province:

Zip/Postal Code:

Phone:

Fax:

Contact Name:

## Deliver To:

Company:

Address:

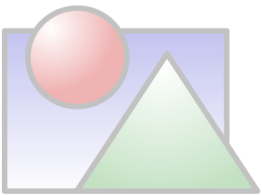
State/Province:

Zip/Postal Code:

Phone:

Fax:

Contact Name:



Adobe Systems  
123 Any Ave  
Any Town, State  
Any Country  
Any ZIP/Postal Code  
Phone: 111-222-3333  
Fax: 111-222-4444  
www.example.com

Item	Description	Quantity	Unit Price	Amount
<b>Comments:</b>    			<b>Sub-total</b>	
			<b>Grand Total</b>	

Manager1

Manager2