Original for vendor

PURCHASE ORDER

GSTIN

PAN

PO no.	PO date	Your quotation	Indent no.
Payment terms	Delivery terms	Place of supply	Amendment

Vendor	**Deliver to**
Name	Name
Address	Address
GSTIN	Contact
Udyam no. and type	Receiving hours

Sr.	Item and specification	HSN	Qty	Unit	Rate	Taxable value	GST %	GST	Amount	Deliver by
					Total					

Amount in words	Tax split

Terms and conditions

Prepared by

Checked by (purchase)

For the company, authorised signatory