

Payment Order

Company Name

Address Line 1

Address Line 2

Phone: _____

Your Logo

Payment Order No: PO-2024-001

Date: 2024-07-01

Project/Department: Marketing Department

Vendor Information

Vendor Name: ABC Supplies Ltd.

Address: 123 Commerce Rd, City, ZIP

Contact Person: Jane Doe

Bank Account No.: 1122-334455-66

Bank Name: XYZ Bank

IFSC / SWIFT Code: XYZB000111

Payment Details

Description	Invoice Number	Invoice Date	Amount
Office Stationery	INV-4278	2024-06-25	\$1,200.00
Total Payable:			\$1,200.00

Payment Terms: Within 15 days from date of invoice

Mode of Payment: Bank Transfer

Authorized Signature

Important Notes:

- This document must be reviewed and approved by authorized personnel before payment processing.
- Verify all vendor and invoice details carefully for accuracy.
- Attach supporting documents (invoices, delivery notes) when submitting this payment order.
- Keep a signed copy for future accounting and audit reference.