

# 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.