

Standard Purchase Order for Expense

Supplier Information

Supplier Name: **ABC Office Supplies**
Address: 123 Main St, Business City
Email: supplier@abcoffice.com
Phone: (123) 456-7890

Buyer Information

Company Name: **XYZ Corporation**
Address: 456 Finance Ave, Capital Town
Email: procurement@xyz.com
Phone: (234) 567-8901

Date: **2024-06-16**
PO Number: **PO-EXP-2024-0087**
Expected Delivery: **2024-06-25**
Payment Terms: **Net 30**

Order Details

Item Description	Expense Type	Quantity	Unit Price	Total
Printer Cartridges	Office Supplies	5	\$45.00	\$225.00
Meeting Room Rental	Facility Expense	2	\$150.00	\$300.00
Catering Service	Meal Expense	1	\$180.00	\$180.00
Subtotal				\$705.00
Tax (5%)				\$35.25
Total Amount				\$740.25

Remarks

Please deliver all items/services to the address above by the expected delivery date. For any queries, contact procurement@xyz.com.

Authorized By (Buyer)
Date: _____

Accepted By (Supplier)
Date: _____

Important Notes

- This purchase order is issued solely for expense-related items and services, not merchandise for resale.
- Ensure all invoices reference the PO number for prompt processing.
- Adhere strictly to the expense policies and approval limits of the purchasing company.
- Delivery and service dates must align with those specified on this order.
- Any changes or amendments must be approved in writing.