

# 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
<b>Subtotal</b>				\$705.00
<b>Tax (5%)</b>				\$35.25
<b>Total Amount</b>				<b>\$740.25</b>

## 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.