

YOUR COMPANY NAME

Street Address, City, State, ZIP

Phone: (XXX) XXX-XXXX | Email: info@company.com

Service Purchase Order

Purchase Order No: SPO-2024-001

Date: 2024-07-25

Service Provider:

Provider Company Name

Address, City, State, ZIP

Contact: contact@provider.com

Bill To:

Billing Department

Your Company Name

Address, City, State, ZIP

Deliver To:

Project/Department

Address, City, State, ZIP

Service Description

| # | Description of Service | Start Date | End Date | Unit Cost | Quantity | Total |
|---|---------------------------------|------------|------------|-----------|----------|---------------------------|
| 1 | Website Maintenance and Support | 2024-07-30 | 2024-08-30 | \$500 | 1 month | \$500 |
| 2 | Performance Optimization | 2024-08-05 | 2024-08-10 | \$300 | 1 | \$300 |
| | | | | | | Subtotal \$800 |
| | | | | | | Tax (10%) \$80 |
| | | | | | | Total Amount \$880 |

Payment Terms

Payment due within 30 days after completion of service. Please reference PO Number on invoices.

Authorized Signatory

Name: _____

Title: _____

Date: _____

Important Notes:

- This document serves as an official request for specific services.
- Ensure all details, especially service descriptions and dates, are clear.
- Both parties should retain a signed copy for their records.
- Review all terms, including payment and taxation, before approval.
- Alterations require written agreement from both parties.