

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.