

## PURCHASE ORDER

DATE _____	P.O. # _____
SHOW _____	PROD # _____
COMPANY _____	
ADDRESS _____	
<div style="border: 1px solid black; height: 20px; width: 350px;"></div>	PHONE # _____
	FAX # _____
VENDOR _____	PHONE # _____
ADDRESS _____	FAX # _____
<div style="border: 1px solid black; height: 20px; width: 350px;"></div>	CONTACT _____
VENDOR SSN / FEDERAL ID # _____	CORPORATION <input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Service	IS AMOUNT CHARGED PER SHOW, DAY, WEEK, OR MONTH? _____

DESCRIPTION	CODES	AMOUNT

NET P/S) \_\_\_\_\_ INCL. TAX OF APPLICATION \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_

IF TOTAL COST CANNOT BE DETERMINED NOW, ESTIMATE OF COSTS WILL NOT EXCEED \$ \_\_\_\_\_

IF P.O. IS FOR A RENTAL, PLEASE INDICATE RENTAL DATES    FROM \_\_\_\_\_ TO \_\_\_\_\_

ORDER PLACED BY \_\_\_\_\_ DEPT. \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_