PURCHASE ORDER

DATE: _____ P.O. # _____

SHOW: _____ PROD # _____

COMPANY: _____

ADDRESS: _____

PHONE # _____

FAX # _____

VENDOR: _____ PHONE # _____

ADDRESS: _____ FAX # _____

CONTACT: _____

VENDOR SS# / FEDERAL ID # _____ CORPORATION ☐ Yes ☐ No

☐ Purchase ☐ Rental ☐ Service

IS AMOUNT CHARGED PER SHOW, DAY, WEEK, OR MONTH? _____

DESCRIPTION	CODING	AMOUNT

SET #(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 _____