Your business name

Address

GSTIN

Phone

PURCHASE ORDER

BILL TO

Name

Address

GSTIN

PO No.

Date

Deliver by

Payment

#	ITEM / SPECIFICATION	QTY	UNIT	RATE	DISC %	GST %	AMOUNT

AMOUNT IN WORDS

TERMS / NOTES

Taxable value

CGST

SGST

Round off

Total

For

Authorised signatory

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