



PURCHASE ORDER

Previous budget number		Customer #	
Date			

BILLING ADDRESS

Centre				
Department				
Laboratory				
Contact telephone		e-mail		
Address				
City		State	Z.C.	
Country		Fax	VAT N°	

SHIPPING ADDRESS

Click if it is the same

Centre				
Department				
Laboratory				
Contact				
Contact telephone		e-mail		
Address				
City		Z.C.	State	
Country		GOODS RECEIVING HOURS		

REFERENCE AND DESCRIPTION	QTY.	€/UD.	DISC.%	TOTAL
			Subtotal	
			Tax Rate	
			TOTAL	

COMMENTS

KP-03_AN-02