



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