



410-912 Selkirk Ave. Victoria B.C. V9A 2V1

PURCHASE ORDER FORM

Supplier's name:	
Address:	
Contact:	
Telephone 1:	
Telephone 2:	
Fax:	

Recipient's name:	
Address:	
Contact:	
Telephone 1:	
Telephone 2:	
Fax:	

Purchase Order number:

Currency:

<input type="checkbox"/>	CAD
<input type="checkbox"/>	USD
<input type="checkbox"/>	Other (specify):

Item order #	Description of items	Item code #	Quantity	Unit price	Total
Total expenses:					

Requestor: _____
Signature *Date:*

GST 5%	
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Authorized person: _____
Signature *Date:*

PST 7%	
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Name & Phone ext: _____

Freight or additional fee:	
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Finance approval: _____

Total cost:	
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Details: