

PO Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Restaurant Information**

Restaurant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

**Vendor Information**

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Account #: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

**Delivery Details**Requested Delivery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Delivery Time: \_\_\_\_:\_\_\_\_ ☐ AM ☐ PMShipping Method: ☐ Vendor Delivery ☐ Will Call/Pickup ☐ Third-Party Carrier**Order Items**

| Line | Item/SKU | Description | Qty | Unit | Unit Price | Total |
|------|----------|-------------|-----|------|------------|-------|
| 1    |          |             |     |      | \$         | \$    |
| 2    |          |             |     |      | \$         | \$    |
| 3    |          |             |     |      | \$         | \$    |
| 4    |          |             |     |      | \$         | \$    |
| 5    |          |             |     |      | \$         | \$    |
| 6    |          |             |     |      | \$         | \$    |
| 7    |          |             |     |      | \$         | \$    |
| 8    |          |             |     |      | \$         | \$    |

Subtotal: \$ \_\_\_\_\_

Tax (\_\_\_\_%): \$ \_\_\_\_\_

Shipping: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_