



NIGHT VISION GUYS

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PO No.

Purchase Order

Vendor

Name
Address

City
Phone

Ship To

Qty	Units	Description	Unit Price	TOTAL

Payment Details

Check
Cash
Account No.
Credit Card

SubTotal
Shipping & Handling

Taxes

TOTAL

Shipping Date

Approval

Date _____
Order No _____
Sales Rep _____
Ship Via _____

Notes/Remarks