



PURCHASE ORDER

Purchase Order No.: Shipping Reference : **VENDOR:**

Name:
Address:
City/ Prov
Postal Code:
Country:
Phone:
Mobile:
Fax:
Contact:
e-mail:

BILL TO:

Name: Polish Red Cross Lublin Regional Branch
Address: Puchacza 6
City/ Prov Lublin
Postal Code: 20-323
Country: Poland
Phone:
Mobile:
Fax:
Contact:
e-mail:

Qty	Unit Type	Description	Part No.	Unit Price	Total

SubTotal PLN -

Payment Terms :
INCOTERMS 2010:

DAP Lublin

TOTAL 0,00

Currency : PLN

Contact:

Name:
Address:
City/ Prov
Postal Code:
Country:
Phone:
Mobile:
Fax:
Contact:
Email

Ship To:

Name: Lubelski Oddział Okręgowy Polskiego
Address:
City/ Prov Lublin
Postal Code:
Country:
Contact:
Phone:
Mobile:
Email:

Special Notations**Accepted by Vendor**

Print Name:
Title:
Date:

Internal

LR No:
Project Code:
Budget Line:

Date: