

Your
Hospital's
Logo
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PURCHASE ORDER

From: **GEORGE**
 Department: **OPERATING ROOM**
 Dept No: **7560**
 Telephone: **(202) 555 - 1212**
 Fax: **(202) 555 - 1212**

BILL ONLY

ORDER

ADD TO SYSTEM ONLY

To: **Medtronic** **BILL ONLY**

P.O. DATE	Charge Acct	SURGERY DATE	SURGEON	Patient Name / No.	Surgical Procedure

QTY	DESCRIPTION & CATALOG NUMBER	UNIT PRICE	TOTAL

Ground 2nd Day Overnight

SHIPPING & HANDLING

SUBTOTAL

SALES TAX RATE

SALES TAX

TOTAL DUE

Authorized Signature