

# Under Privileged Advancement by Youth

C/O PRATIK KAMBLE  
BANK COLONY, SHIVAJI WARD  
BHANDARA, MAHARASHTRA, 441904  
**Phone** 9403964873 **EMAIL:** ngoupay@gmail.com



## PURCHASE ORDER

The following number must appear on all related correspondence, shipping papers, and invoices:

**APPROVAL DOC NUMBER:**

**P.O. NUMBER: [UPAY/ZONE/YEAR/SN):**

**TO:**  
(vendor Name)

**SHIPPING ADDRESS:**

| P.O. DATE | Procurer name and contact number | Warranty if any | Delivery Schedule | PAYMENT TERMS |
|-----------|----------------------------------|-----------------|-------------------|---------------|
|           |                                  |                 |                   |               |

| QTY | UNIT | DESCRIPTION | UNIT PRICE | TOTAL |
|-----|------|-------------|------------|-------|
|     |      |             |            |       |

Notes to us that pertain to your purchase

SUBTOTAL  
GST  
SHIPPING & HANDLING  
OTHER  
TOTAL

\_\_\_\_\_  
Authorized by Date

Accepted by Vendor  
Date