



PURCHASE ORDER

PO №		Date:	
		PR №	
MC Authorized Representative(s): Mercy Corps 'country' Address: Contact person(s): Phone/Fax: E-mail:		Supplier Authorized Representative(s): Name(s): Address: Phone: Contact Name:	

DELIVERY LOCATION	PACKING REQUIREMENTS:

P.O. Prepared by :	CURRENCY:	1 USD =	0
TRANSPORTATION & UNLOADING TERMS:	PAYMENT TERMS		
DELIVERY DATE:			

Mercy Corps V2017-09-28

ITEM	Qty.	UNIT	DESCRIPTION (as agreed with the supplier)	UNIT PRICE	EXTENDED PRICE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Project Reference:		SUB-TOTAL	0.00
		TAXES	0.00
		SHIPPING	
		INSURANCE	
		TOTAL ORDER	0 0.00

Approved on behalf of Mercy Corps:		Approved on behalf of Vendor:	
Name & Title		Name & Title:	
Signature:		Signature:	
Date:		Date:	
Financial Review		Understood and agreed with Conditions of Purchase	

This Purchase Order (Schedule 1) is inclusive of the Terms and Conditions attached, which are a binding part of this agreement.