



# Providence

## PHARMACY, INC.

**Providence Pharmacy Inc.**

*Quality Care and Friendly Service*

216 West Broad Street, Suite B  
 Fairburn, GA 30213  
 Phone 678-489-2069 Fax 678-489-8627

# PURCHASE ORDER

The following number must appear on all related correspondence, shipping papers, and invoices:  
 P.O. NUMBER: [100]

**TO:**  
 [Recipient Name]  
 [Company Name]  
 [Street Address]  
 [City, ST ZIP Code]  
 Phone [phone]

**SHIP TO:**  
 [Recipient Name]  
 [Company Name]  
 [Street Address]  
 [City, ST ZIP Code]  
 Phone [phone]

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
OTHER	
TOTAL	

- Please send two copies of your invoice.
- Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
- Please notify us immediately if you are unable to ship as specified.
- Send all correspondence to:  
 [Name]  
 [Street Address]  
 [City, ST ZIP Code]  
 Phone [phone] Fax [fax]

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