SERVICE PURCHASE ORDER

PO NUMBER: SPO-0001 **DATE:** DD / MM / YYYY

SERVICE PROVIDER

Company Name:	Your Company Pty Ltd	**Provider Name:**	Service Provider Pty Ltd
ABN:	00 000 000 000	**ABN:**	00 000 000 000
Address:	123 Business St, Sydney NSW 2000	**Address:**	789 Provider Ave, Brisbane QLD 4000
Phone:	+61 2 0000 0000	**Phone:**	+61 7 0000 0000
Contact:	contracts@yourcompany.com.au	**Contact:**	billing@provider.com.au

SERVICE DETAILS

Service Title:	Description of services to be provided
Service Period:	DD/MM/YYYY to DD/MM/YYYY
Service Location:	On-site / Remote / Address
PO Reference:	Contract / Project No.
Invoice To:	Accounts Payable, Your Company Pty Ltd

SERVICE ITEMS

#	Service / Deliverable	Hrs/Qty	Rate (AUD)	Disc %	Line Total (AUD)
1				0%	
2				0%	
3				0%	
4				0%	
5				0%	
6				0%	
7				0%	
8				0%	
9				0%	
10				0%	

Subtotal (excl. GST)	$0.00
GST (10%)	$0.00
TOTAL (incl. GST)	**$0.00**

PAYMENT TERMS & CONDITIONS

- Payment: 30 days from invoice. All services attract 10% GST.

- All invoices must reference this PO number to be processed.

- Additional work outside scope requires written variation approval.

- Provider must deliver services within the agreed service period.

AUTHORISATION

Authorised By (Name):

Signature:

Title / Position:

Date: