

Req :

Purchase Requisition

Requisition Date:

MS TRADE DEVELOPMENT CO

Supplier _____ Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Fax # _____

Consignee	Shipment	Commodity
Full Consignee Details	Transport mode /Freight Type	Total gross wt (kg)
	Terms of delivery	Total cube (m3)
	Port/airport of loading	Total Packages
	Port/airport of discharge	Packing Details
	Final place delivery	

Type	Item	Quantity	Unit	Target price	Total

