PURCHASE ORDER: RJL14065 Please quote order number on all correspondence



SUPPLIER:

VIAMED LTD 15 STATION ROAD CROSS HILLS BD20 7DT INVOICE TO:

NORTHERN LINCOLNSHIRE AND GOOLE NHS TRUST Unit 8 Network Park Duddeston Mill Rd, Birmingham elfs.208NLAG@cloud-trade.com B8 1AU DELIVER TO:

VAT Regn No : GB 654 9775 80

DPOW RECEIPT AND DISTRIBUTION Diana Princess of Wales Hospital Scartho Road Grimsby DN33 2BA

Enquiries via email

Email: nlg-tr.Purchasing@nhs.net

 Vendor Number:
 1975

 Date:
 14/11/22

 Requisition Number:
 R156147

LINE NO	ITEM REF	DESCRIPTION	DELIVERY	QUANTITY	UNIT OF ISSUE	UNIT PRICE	LINE VALUE
1		0330211 - ADJUSTABLE VALVE	16/11/22	1.00	EACH	70.40	70.40
2		0330203 - PRESSURE GAUGE	16/11/22	1.00	EACH	125.00	125.00
3		CARRIAGE - Supplier Charge	16/11/22	1.00	EACH	10.00	10.00
CONDITIONS OF ORDER 1. This order is placed subject to the relevant NHS Terms and Conditions as detailed below - a) Where a valid agreement exists for the items listed above the following NHS Terms and Conditions shall prevail (as applicable):					VAT Excl:	205.40	
- NHS Terms and Conditions for the Supply of Goods (Contract Version) Or NHS Terms and Conditions for the Provision of Services (Contract Version). b) Where no valid agreement exists for the items listed above the following NHS Terms and WHS Terms and Conditions shall prevaid (as applicable): - NHS Terms and Conditions for the Supply of Goods (Purchase Order Version) Or NHS Terms and Conditions for the Provision of Services (Purchase Order Version). 2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number (VideS). Goods will only be accepted between 08 of Ond 16:00 Monday to Friday.						Total VAT	41.08
2. All goods must be accompanied by a delivery note quoting the above Purchase Order Number (NLL14095), cools will only be accepted between 08:00 and 10:00 Monday to Priday. 3. The above order number must be quoted on all advice notes, correspondence, invices, acknowledgements etc. 4. Any price variances to that shown above, must be notified immediately otherwise delays can occur in the settlement of your Invoice. 5. Invoices must be sent to the address above/below and must quote the above Purchase Order Number. Invoices not complying with this instruction will be returned to the supplier. 6. Please submit your invoice via PEPPOL.						Order Total	246.48