

# OFFICIAL PURCHASE ORDER

**No: 004786975**

Date: **29/11/2022**

Supplier: **00276800VIAMED LTD**  
**15 STATION ROAD**  
**CROSS HILLS**  
**KEIGHLEY**  
**WEST YORKSHIRE**  
**BD20 7DT**  
**01535 634542**

Order To:

VIAMED LTD  
15 STATION ROAD  
CROSS HILLS  
KEIGHLEY  
WEST YORKSHIRE  
BD20 7DT

Deliver To:-

ROYAL HALLAMSHIRE HOSPITAL (TH)  
A FLOOR THEATRES  
GLOSSOP ROAD  
SHEFFIELD  
S10 2JF

Invoice To:

PURCHASE LEDGER DEPT -  
CLOCKTOWER  
SHEFFIELD TEACHING HOSPITALS  
NORTHERN GENERAL HOSPITAL  
HERRIES ROAD  
SHEFFIELD S5 7AU. Or email  
[sth.finance.invoice@nhs.net](mailto:sth.finance.invoice@nhs.net)  
S5 7AU

Line	Qty	Supplier Ref	Contract Ref	Description	Unit Price	Total
1	2.00			0110023 EACH VIAMED OXYGEN SENSOR R-23V	42.00	100.80
2	2.00			0110040 R30V OXYGEN SENSOR	48.60	116.64
<b>Goods Total</b>						<b>181.20</b>
<b>VAT</b>						<b>36.24</b>
<b>Total</b>						<b>217.44</b>

## Notes

### CONDITIONS OF ORDER

Signed:



1. All Invoices must quote our Purchase Order number and be sent to the Invoice Address shown.
2. All goods must be accompanied by a Delivery Note quoting our Purchase Order Number.
3. This Purchase Order is placed with your organisation subject to the application of our terms and conditions as referred to in the Department of Health's "Applicable Contract Terms Policy":  
<https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>

For and on behalf of the Trust

Enquiries concerning this order to:

**JAYNE NEWTON**

Tel: **0114 2715736**

or email:

[sth.procurementsupport@nhs.net](mailto:sth.procurementsupport@nhs.net)

Internal information:

**C60796 THT - RHH - ANAESTHETIC MAINTENANCE**

Reference:

**CM**

For payment enquiries telephone:

**0114 2266499**