

**Supplier:**VIAMED LTD
15 STATION ROAD
CROSS HILLS

KEIGHLEY, WEST YORKSHIRE BD20 7DT

01535634542
GLN:210076186**Buyer** CHRIS RJN HOLMES**Telephone** 01625 663093**Email** christopher.holmes1@nhs.net

RJN2669 THEATRE TECH

Deliver to:RECEIPT & DISTRIBUTION CENTRE
MACCLESFIELD DGH
VICTORIA ROAD
MACCLESFIELD, SK10 3BL**Invoice to:**EAST CHESHIRE NHS TRUST
RJN PAYABLES B235
PHOENIX HOUSE, TOPCLIFFE LANE
WAKEFIELD, WF3 1WE0303 123 1177
GLN:**Order Number**

136207342

Date

06-DEC-22

NOTE

1. This purchase order is placed against the standard NHS Conditions of Contract.
2. Any alteration in price must be agreed before the order is executed.
3. The full Official Purchase Order No. must be quoted on all correspondence and documents.
4. You can now register for free e-invoicing via Tradeshift. For more information visit: <https://www.sbs.nhs.uk/supplier-einvoicing>
5. All goods to be despatched carriage paid unless specified on the order.
6. Alternative products must not be despatched unless agreed in writing beforehand.

Quantity Required	U.O.M	Supplier Part Number:	Description	Delivery Date	Unit Price (Inc Discount)	Line Value GBP
2 EACH		2520000	2520000 PATIENT LEADS FOR MICROSTIM DB3 NERVE STIMULATOR EACH	12-DEC-22	16.00	32.00

Total Value of Order (Exc VAT)

32.00

Instructions to Supplier: This order is subject to the standard NHS Terms and Conditions of contract. For a copy of these please contact the Buyer for this order. Any price alterations must be agreed with the buyer prior to order execution. The above order number must be quoted on all invoices, acknowledgements, delivery notes and other correspondence. A delivery note must accompany each consignment of goods. The order must not be passed to any third party for supply. Any invoices not complying with these instructions will be returned unpaid to the supplier.