## Purchase Order

## **Practice Plus Group**

Viamed

15 Station Road Cross Hills Keighley West Yorkshire BD20 7DT

**Delivery Address** 

Practice Plus Group Surgical Centre -St Mary's Portsmouth Milton Road Portsmouth Hampshire PO3 6DW

Our Contact: Shirley Welch

**Delivery Info:** 

Order No
Supplier No
Order Date
Delivery Date
Payment Terms

80211571 14198 20/12/2022 20/12/2022 Supplier - 30 Days

Please quote our purchase order number on your invoice and all related correspondence.

## **Invoice Address**

Practice Plus Group Hospitals Limited Accounts Payable PO Box 3160 Reading Berkshire RG1 9DB

**Supplier Tel No:** 01535 634542 **Supplier Fax:** 01535 635582

Our Reference	Description	Pack Size	Net/Unit	Qty	Amount	VAT
	0015011	24	270.00	6	1,620.00	324.00
			Total ex	CL VAT	1.620.00	

All orders placed on behalf of Practice Plus Group Hospitals Limited expressly incorporate the standard conditions of purchase of the Authorising Purchaser. For the avoidance of doubt, standard terms put forward by the supplier at any time cannot be accepted and are expressly rejected. Please contact the Authorising Purchaser for a copy of the applicable standard conditions of purchase.

Order Total	1,944.00
VAT	324.00
Total excl VAT	1,620.00