

PURCHASE ORDER

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LEWISHAM AND GREENWICH NHS TRUST



Supplier:
VIAMED LTD
15 STATION ROAD
CROSS HILLS

KEIGHLEY, WEST YORKSHIRE BD20 7DT

01535634542
GLN:210076186

Buyer GAIL RJ2 GINGELL
Telephone
Email gailbateman@nhs.net

RJ2Q241 QEH - CORPORATE NURSING, 1ST FLR RANKEN HSE

Deliver to:
MAIN STORES DELIVERY POINT A
QUEEN ELIZABETH HOSPITAL
STADIUM ROAD
LONDON, SE18 4QH

Invoice to:
LEWISHAM AND GREENWICH NHS TR
RJ2 PAYABLES 4715
PO BOX 312
LEEDS, LS11 1HP

0303 123 1177
GLN:

| | |
|---------------------|-----------|
| Order Number | 99391024 |
| Date | 06-FEB-23 |

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. All goods to be despatched carriage paid unless specified on the order.
5. 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 PACK | | 4750010 | Aloctru Breathalyser Mouthpieces Code 4750010 | 08-FEB-23 | 6.60 | 13.20 |

Total Value of Order (Exc VAT)

13.20

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.