Purchase Order No.: 05598

Hospital: Queens Hospital - UHDB

APPROVAL RECEIVED VICKI BALDWIN

Materials Management Centre

Belvedere Road

Burton-on-Trent, DE13 ORB

Supplier: A01224-00 VIAMED LTD

Contact: LANK.NTE - Keelie Henderson

Status: OPEN

Type: REGULAR - PURCHASE

Date: 30/03/23

Vendor Tel No: 01535-634542

Vendor Fax No:

Account Number:

Del to: Materials Management Centre

Queens Hospital, Belvedere Rd Burton-on-Trent, DE13 ORB

Invoice to: Accounts Payable, The House

info@viamed.co.uk

15 STATION ROAD

WEST YORKSHIRE

CROSS HILLS KEIGHLEY

BD20 7DT

Queens Hospital, Belvedere Rd Burton-on-Trent, DE13 ORB

Terms: Invoice month 1, payment 1st week of month 3

Page: 1

LINE ITEM NO.	VEND CAT MANF CAT	DESCRIPTION	PACKAGING MANUFACTURER	QTY UP	PRICE	EXT VALUE	TAX	VAT	GL ACCOUNT DEPT / INVENTORY	
1 FJK001A	0021013	PULSE OXIMETER POSEY SENSOR WRAP	PACK/12 EA	2 PACK	14.3500	28.70	A98	N	01-009-1335-30501 PAT RELTD NEO NATAL Req No. 0104596 Line	3
COMMENTS: IN THE EVENT OF A QUERY PLEASE CONTACT KEELIE HENDERSON ON 01332 786730 OR uhdb.queenspurchasinghelpdesk@nhs.net				SUBTOTAL: VAT: TOTAL:	28.70 5.74					
* FUL * FAI	L ON ANY INVOICE	BER MUST BE QUOTED IN * S RELATING TO THIS ORDER.* LL RESULT IN THE INVOICE * *			101112	31111				

Supplier:

- 1. Unless specified on the Order Form as an order placed under an existing contract which will identify the applicable settlement terms, this order is subject to UHDB settlement terms - delivery in month 1, payment in week 1 of month 3.
- 2. Unless otherwise agreed, this order is subject to the standard NHS Terms and Conditions.
- 3. Delivery notes and invoices must include PO number
- 4. Invoices must be rendered to the address above

- 5. Unless otherwise agreed, all deliveries will be carriage paid
- 6. In supplying goods and services to the Trust, compliance with our Supplier Code of Conduct is expected, which can be found on our website under 'Procurement'.

AUTHORISED BY K.JONES PROCUREMENT MANAGER FOR AND ON BEHALF OF THE TRUST