

Order No. : **ANT0417865**

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Date : 18-April-2023

SUPPLIER COPY

To :

VIAMED LTD (EFIN)
15 STATION ROAD
CROSS HILLS
KEIGHLEY
WEST YORKSHIRE
BD20 7DT
Tel 01535 634 542
Fax 01535 635 582

Conditions of order

1. No responsibility will be accepted for goods delivered to any point other than the pharmacy department/pharmacy stores.
2. The goods must be accompanied by a delivery note.
3. The above order number must be quoted on all advice notes, delivery notes, invoices, correspondence, acknowledgements etc...
4. Goods will be received only between 0900 and 1630 hrs. Monday to Friday, unless otherwise informed.
5. Goods are delivered carriage paid unless otherwise specified
6. Unless specified as a Purchase Order placed under an existing Contract, orders for Goods/Services are subject to the Health and Social Care (NI) Standard Conditions of Contract for Supplies / Services (available from <https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/PGN-06-14-Standard-Conditions-of-Contract-Supplies-and%20Services.PDF>)

ANT0417865

DELIVER AS SOON AS POSSIBLE

Qty	Unit	Description	+ CARRIAGE @ £12	Shelf	Contract
1 x 11	12 unit Pack @ £10.45	6554 (POSEY) (WRAP SENSOR PULSE OXIMETRY)		X/A20	
**** LAST PAGE OF ORDER ****					

VIAMED LTD (EFIN) Date 18/04/2023

Deliver to :
Antrim Hospital Pharmacy Department
Antrim Area Hospital
Bush Road
Antrim

Invoice to :
Antrim Hospital Pharmacy Department
Antrim Area Hospital
Bush Road
Antrim

Signed _____
(Pharmacist)

BT41 2RL
Tel 028 9442 4458 Ext
Fax 028 9442 4095

BT41 2RL
Tel 028 9442 4458 Ext
Fax 028 9442 4095

Goods Received

Date: _____

Signature: _____