

## **PURCHASE ORDER**

Supplier's Order

Order Number: FC33224 Order Date: 16-MAY-23

Supplier Code: VI0003

**TOTAL** 

637.00

Reference : TI Page : 1

Order to: VIAMED LIMITED 15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT Deliver to:

## STORES DEPARTMENT

NORTHAMPTON GENERAL HOSPITAL NHS TRUST CLIFTONVILLE NORTHAMPTON, NN1 5BD

Email: ngh-tr.supplies.dept@nhs.net

All invoices to:

## **PAYMENTS DEPARTMENT**

NORTHAMPTON GENERAL HOSPITAL NHS TRUST

CLIFTONVILLE NORTHAMPTON

NN1 5BD

Email: ngh-tr.payments@nhs.net

	BD20 7D1	Email: ngn-tr.supplies.de	pt@nns.net	Email: ngn-tr.pay	Email: ngh-tr.payments@nhs.net		
CARRIAGE       1.00       1000       11-MAY-23       12.00       12.00         1410000 V1000 F0ETAL HEART SIMULATOR       1.00       1       11-MAY-23       625.00       625.00         Contact Name: Tracey Ingram Tel: 01604 544547       0	Product or Service	оту	NOM	Date Contra Required Ref	ct Price	Net Value	
1410000 V1000 FOETAL HEART SIMULATOR 1.00 1 11-MAY-23 625.00 Contact Name: Tracey Ingram Tel: 01604 544547	FAO ROY TEST EQP						
Contact Name: Tracey Ingram Tel : 01604 544547	CARRIAGE	1.00	1000	11-MAY-23	12.00	12.00	
	1410000 V1000 FOETAL HEART SIMULATOR	1.00	1	11-MAY-23	625.00	625.00	

## Terms and Conditions

Unless specified as an order placed under an existing contract, the order is subject to the NHS conditions of Contract for the Purchase of Goods and the Contract for the supply of Services (copies of which may be obtained on application) and the terms and conditions set out therein.

Any queries please contact Supplies on 01604 545115

For and on behalf of Northampton General Hospital NHS Trust