## **PURCHASE ORDER**

**Page:** 1 of 1

Supplier:

VIAMED LTD

15 STATION ROAD CROSS HILLS KEIGHLEY WEST YORKSHIRE BD20 7DT

GLN: 210076186

Buyer ZAHRA RAE SIKANDER

**Telephone** 

Email Zahra.Sikander@bthft.nhs.uk

**RAE0157 BRI MU NEONATAL UNIT** 

Deliver to:

RECEIPT AND DISTRIBUTION GATE 6, SMITH LANE BRADFORD West Yorkshire BD9 6RJ

Invoice to:

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST RAE PAYABLES 4405 PO BOX 312 LEEDS, LS11 1HP

0303 123 1177 GLN:

## **BRADFORD TEACHING HOSPITALS NHS**



Order Number	34450853
Date	01-AUG-23

- 1.Deliveries will only be accepted between 8.00am and 4.30pm Monday to Thursday and between 8.00am and 4.00pm Friday
- 2. For further invoicing information, please visit -

https://www.sbs.nhs.uk/supplier-submitting-invoices

Quantity Required	U.O.M.	Supplier Part Number	Description	Delivery Date	Unit Price Including Discount	Line Value GBP
2.00	EACH	3810000	3810000 POSEY I.D. BRACELETS - NEWBORN EACH	03-AUG-23	18.90	37.80
			(CN:PRICE LIST)			
			GTIN :10190676002266			

Total Value of Order (Exc VAT)

37.80

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.